

CITY OF PLAINS
APPLICATION FOR PERMIT TO HOLD A SPECIAL ACTIVITY

NOTE: A \$50.00 non-refundable application fee must accompany each request for a permit for a Special activity. This application should be submitted sixty (60) Days prior to the date of the event so the City personnel will have adequate time to review the request. If necessary, the applicant must be willing to provide liability insurance in an amount to be determined by the Mayor and Council, with the advice of the City Attorney, and enter into an agreement to hold the City of Plains harmless from any damages, loss or injury that occurs in relation to this event.

Name of Person submitting application: _____.

Name of Organization: _____
_____.

Mailing Address: _____
_____.

Telephone Number: _____.

Type of Activity, Program or Event (Please be clear and complete in describing the type of event you wish to have): _____

_____.

Date(s) the Activity is to be held: _____
_____.

Time(s) of day the event will take place: _____
_____.

Number of people and vehicles this event will attract: _____
_____.

Will you require security personnel for this event? If so how do you intend to address the need for this service?(You will be billed for additional costs associated with providing this service.) _____

_____.

Will this event require other city services, such as fire, sanitation, water and sewer, EMS? If so, to what extent? (If there is an expense, you may be billed for such costs.) _____

_____.

Will this event require the closing of a city street or state road? Will this event require the alteration of exiting traffic patterns? If so, what time of day, and for how long of a period of time? _____

_____.

What impact will this event have upon your neighbors or adjoining property? Have the plans for this event been discussed with the adjoining property owners? _____

_____.

Please discuss any needs or requirements that have not been addressed, or any activities that have not been addressed previously: _____

_____.

FOR CITY USE ONLY

Permit Application No: _____.

Date application was received: _____.

Name of person receiving application: _____.

Application fee received: _____.

Date review initiated: _____.

Date review completed: _____.

Date notification sent/called: _____.