

GATHERING PERMIT APPLICATION
Washington Township

Name _____ Phone # () _____

Address _____

City _____ State _____ Zip _____

Site that the gathering will be located: _____

Type of Event: _____ Date of Event: _____

Duration of event _____ hrs Approximate Start time: _____ End Time: _____

Estimate number of person expected to attend: _____

Sanitary facilities _____ number

Garbage disposal _____

Food/Drink service _____

Parking area delineated **yes/no** number of spots _____

Traffic control/security **yes/no** _____

Liability Bond _____

Refer to Ordinance 2003-48 permits for Gatherings of 100 or more people.

Application received: _____ By: _____

Approved: _____, Supervisor Date: _____