

City of Sully

Special Events Permit Application Form

Name of Event/Activity _____

Location of Event/Activity _____

Name of Organization/Sponsor _____

Contact Person _____

Address _____

Telephone _____

Purpose of Event _____

Dates & Hours of Actual Event _____

Specific Location of Event/Site Plan (Map must be attached to process application) _____

List any streets which may be closed, including specific dates and times and Dates and Time of Re-opening

Projected number of persons attending the Event (Include basis for projection) _____

Will any temporary structures be built? If yes, describe in detail and include location _____

Will any signs or pennants be hung? If yes, describe in detail and include location _____

Will there be any entertainment or music? Describe performance, times and place _____

Will additional utility services be used such as power and water beyond that which is available? Describe in detail specific utilities and locations; any additional utilities must be provided by the applicant _____

Is a parade planned in connection with the event? State details, time, and anticipated crowd and attach a map of the parade route _____

Are any street peddlers or vendors being planned? Describe in detail _____

Are food sales planned? Describe in detail. Applicant is responsible for contacting the Jasper County Health Department for any regulations governing food sales _____

Do you plan to provide for Police/Security? If yes, explain how _____

Do you plan to provide for Fire and/or Medical services? If yes, explain how _____

Will there be adequate parking? Describe parking areas _____

Will existing restroom facilities be adequate? Describe plans to augment the available sanitary facilities if necessary _____

Do you plan to sell any Beer or Wine for public consumption? List the beverages and vendors, together with the locations and times of sale. List any liquor license presently held _____

Proposed controls for sale of alcoholic beverages where minors may be present _____

How do you plan to publicize the event? Attach any flyers or brochures used _____

Do you plan a fireworks display? Specify date, time, and location and vendor _____

Approval of this application will reserve for the applicant the requested event date/place providing all requirements outlined by the City Clerk's Office in writing to the applicant are met. If the special event request is approved, the sponsor shall assume full responsibility for compliance with all rules, regulations, conditions, fees, and charges and further agrees to pay any cost associated with damage to the city property, lost barricades/signs, cleanup by City crews, or any other additional City expense caused by this event.

Applicant's Signature _____ Date _____

RETURN COMPLETED APPLICATION TO:
City Clerk's Office
318 6th Avenue
P.O. Box 247
Sully, Iowa 50251
641-594-3493

() Approved () Denied

Authorized Signature

Date

Comments and/or special conditions or requirements _____

Permit is effective for the following time period:

Start Date

Expiration Date

Amount of Required Deposit _____

Permit Fee _____