



Special Events Permit Application

Event Name: _____

Event address: _____

Event description: _____

Dates/ Times of event: _____

Attendance Maximum: _____

Food Service: **YES** or **NO** (If yes, please provide a list of food vendors with contact information)

- ❖ **Submittal of this list is required for approval process**
- ❖ **Submission with Consumer Health is required two weeks prior to the event date by food vendors**

Food Vendor's Name	Contact Information

Name of Contact or Organization: _____

Contact's Address: _____

Phone Number: _____

E-Mail address: _____

Printed Name: _____

Signature: _____

Date: _____

Name of Property Owner: _____

Property owner's address: _____

Phone Number: _____

Property Owner Signature: _____

Date Signed: _____

Site Plan (required):

YOUR SITE PLAN MUST INCLUDE THE FOLLOWING:

- The dimensions of the area to be used and its relationship to other structures or buildings on the property.
- The location of all structure(s) or facilities to be added, including but not limited to, tents, stands, booths, rides, bleachers, seating areas, stages, and animal pens.
- Sanitary facilities including location and number of portable or permanent restrooms, wastewater collection, and trash collection.
- Electrical installations including any temporary power poles, generators, or other electrical provision. Support services may provide some electrical solutions upon request. Please indicate if these services are needed including quantity and types of services needed on your site plan.
- Portable water source such as location of any water connections to be used or the availability of bottle water.
- Location, distance from adjacent structures, and list of any flammable or combustible materials to be used at the event.
- Type of fire extinguishers or fire suppression.
- Parking areas, routing of traffic in the area, and street closures.
- Location and method of housing any animals that are part of the event.
- Location of any amplified sound equipment and estimated effect of the sound.
- Please indicate the location of any barricades, cones, or barrels. (Public Works Department may provide upon request pending approval of Marshall Police Department.)

Signatures are required from all residents/ business owners stating that they approve of the closure in front of their business/ home.

Name/ Business	Address	Approved	Signature
		Yes or No	
		Yes or No	
		Yes or No	
		Yes or No	
		Yes or No	
		Yes or No	

_____ Someone will be available to move any barricades as needed or in the event of an emergency.

For Office Use Only	
Application Fee:	\$50.00
Non-Profit:	-\$0.00-
Permit #:	



