



SPECIAL EVENT APPLICATION

Applicant Name: _____

Mailing Address: _____

City _____ State _____ Zip _____

Telephone: (_____) _____

Property Owner: _____
(If different from Applicant)

Mailing Address: _____

City _____ State _____ Zip _____

Telephone: (_____) _____

Location of Special Event: _____

Name of Business: _____ **Current Use:** _____

Please Explain Nature, Extent, Scope & Purpose of Proposed Use: _____

Applicant Signature: _____ **Date:** _____

PLEASE NOTE:

IF APPLICANT IS NOT THE OWNER OF THE PARCEL OF LAND FOR WHICH THIS SPECIAL EVENT APPLICATION IS FILED, AN AFFIDAVIT BY THE OWNER OF OWNER'S REPRESENTATIVE MUST BE FILED WITH THIS APPLICATION. THE OWNER'S AFFIDAVIT MUST ACKNOWLEDGE THE ABOVE SIGNED APPLICANT, THE USE FOR WHICH THE SPECIAL EVENT IS BEING FILED AND THE SPECIFIC LOCATION OF THE PROPOSED ACTIVITY.

BELOW TO BE COMPLETED BY THE COMMUNITY DEVELOPMENT DEPARTMENT

Special Event Application Fee - \$ 75.00 Paid: ____/____/____ Received By: _____

City Commission Meeting: ____/____/____ **Action Taken:** Approve Deny

Identify any conditions or stipulations for approval or basis for denial: _____
