

Permit No. \_\_\_\_\_



# SPECIAL EVENT PERMIT APPLICATION

(Non-Block Party)

**Event Information:**

Name of Event: \_\_\_\_\_

Event Date(s): \_\_\_\_\_ Start Time: \_\_\_\_\_ am/pm End Time: \_\_\_\_\_ am/pm

Description of event: \_\_\_\_\_

List or Description of Event Location(s): \_\_\_\_\_

**Event Details:**

Set Up: From \_\_\_\_\_ to \_\_\_\_\_ am/pm Tear Down: From \_\_\_\_\_ to \_\_\_\_\_ am/pm

Alcohol/CMB Sold or Served: Yes or No Number of Vendors \_\_\_\_\_ Amplified Music: Yes or No

(Amplified music must be in compliance with St. Marys City Code – Chapter 13-206.)  
(Curfew Ordinance remains in effect – see St. Marys City Code – Chapter 13-201.)

For events involving the sale of Alcohol and/or CMB – please attach the required diagram.

Explain Event Clean Up: \_\_\_\_\_

**Event Contact Information:**

Company/Group/Person: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Everything that I have stated on this application and any attachment(s) is correct to the best of my knowledge. The permit, if granted, is not transferable and is revocable at any time at the absolute discretion of the City of St. Marys. I hereby affirm that the above information is true and correct in describing the intent of this application. I understand that the issuance of the Special Event Permit is contingent upon compliance of all conditions and requirements. I, \_\_\_\_\_, the undersigned, agree to abide by the provisions in this application.

\_\_\_\_\_  
PRINT Name of applicant

Number of barricades requested \_\_\_\_\_

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

**Liquor insurance is required. State sales tax ID # required for applicable events.**