VILLAGE OF EVENDALE

DEPARTMENT OF BUILDING COMMISSIONER

SPECIAL EVENT APPLICATION

		Application Number:		
Name/Title of Even	t:			
Street Address:				
City:	State:	Zip	Zip Code:	
Contact Person:		Title:		
Phone Number Da	ay :	Evening:		
Brief Description of	f Event:			
Date(s) of Event: _				
Event Hours:				
Event Set:	Date:	Set Beginning:	M.	
Event Dismantle:	Date:	Completed by:	M	
Will an admission f	ee be charged to attend even	t? Yes	No	
If yes, how much is	the fee?			
Will concessionaire	s, runners, entrants, floats, v	ehicles, etc. be charged	a fee:	
Yes No _				

If any fee is involved, identify and describe how much, to whom, for what, etc.

Please attach a layout map indicating the	location of the following applicable items
within your event area:	

- 1. Entertainment or stage area;
- 2. Alcoholic beverage concession areas;
- 3. Nonalcoholic beverage concession areas;
- 4. Food concession areas;
- 5. General merchandise concession areas;
- 6. Portable toilet facilities (indicate number);
- 7. Emergency medical facilities;
- 8. Lost children areas;
- 9. Event producer's command post;
- 10. Parking area handicapped, supplied, volunteer, etc.;
- 11. Police command post;
- 12. fire command post;
- 13. Parade route, the staging area and direction of procession..

APPLICATION BY:		DATE:
PLANS EXAMINER:		DATE:
ISSUE DATE:	PERMIT NUMBER:	PERMIT FEE:
POLICE REVIEW:		DATE:
FIRE REVIEW:		
		DATE