

VILLAGE OF ASHVILLE
Special EVENT PERMIT



Name of Organization: _____

Address _____ Contact Person: _____ Phone #: _____

Date of Event: _____

Time (s) of Event (Range): _____

Location of Event(s): _____

Name, Address, Contact, Phone

- Description of Event:
- Live Music
 - Broadcast Music
 - Block Party **
 - Graduation Party
 - Birthday Party
 - Festival Party
 - Other* _____

* What type of event?

** Attach signatures from all residing parties in the area of the block party, no alcohol in public area.

Location of Alley(s) or Street(s) being used: _____

Anticipated Number of People at Event (Range): _____

Facility Capacity for Event: _____

Special Requirements: _____

Check List:

Evidence of capability to run the Special Event

- Financial
- Personnel
- Security Personnel
- Age Verification
- First Aid
- Liability insurance
- Traffic Plan
- Parking Plan
- Crowd Control Plan

Village services:

- Utilities
- Police
- Service

Public facility being used:

Signature

Print Name and Title (Chief of Police)

Date: _____