

VILLAGE OF ASHVILLE
Special EVENT PERMIT



Name of Organization: DAVE Sprague / 614-608-3271

Address Residence Contact Person: _____ Phone #: _____

Date of Event: June 5, 2015

Time (s) of Event (Range): 5pm - 12:00am

Location of Event(s): 516 Virginia St, Ashville
Name, Address, Contact, Phone

Description of Event: Live Music 50/50 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]
Signature

Doug Clark
Print Name and Title (Chief of Police)

Date: June 8, 2015