

CITY OF EUFAULA
SPECIAL EVENT PERMIT

NAME OF SPONSOR _____

PERMANENT MAILING ADDRESS _____

PHONE NO. _____ TYPE OF EVENT _____

CONTACT PERSON _____

CONTACT PHONE No. _____

DATE(S) OF EVENT _____ HOURS OF EVENT _____

INSURANCE : TYPE _____ AMOUNT \$ _____

LOCATION OF EVENT _____

CITY OF EUFAULA CITY ORDINANCES MUST BE ENFORCED BY SPONSOR. IE: NOISE ABATEMENT 10-1400; LITTER 14-105

SECURITY FOR PARTICIPANTS OF EVENT MUST BE OBTAINED BY SPONSOR AND APPROVED BY THE EUFAULA POLICE DEPARTMENT.

ALL LITTER MUST BE REMOVED BY SPONSOR UPON EVENT CLOSING.

I UNDERSTAND THAT THIS SPECIAL EVENT PERMIT DEFINES ALL CONDITIONS AND I AGREE TO COMPLY WITH ALL PERMIT CONDITIONS CONTAINED HEREIN:

(ORGANIZATION) (SIGNATURE OF RESPONSIBLE PERSON)

DATE: _____
(FOR THE CITY OF EUFAULA)