

SPECIAL EVENTS PERMIT APPLICATION

Resident Name		Date			
Address		Phone			
Description of Event					
Time of Event:	Date(s) of Event:	Estimated # of people in attendance:			
Start					
Finish					
open from dawn to dusk. F		to be affected) Note that Maywood Commons is ximum of 4 hours. If more time is needed, please the Commons.			
Please indicate if there is a	need for city services (i.e., electrical,	garbage, or road closures.)			
Please list name and contacted etc.)	ct information for any proposed vendo	ors for this event (i.e., food vendors, porta potty,			

Please describe:				
Clean up plan				
Traffic control, parking, and crowd control				
Please provide by attachment:				
Evidence of capability to run the event, in	cluding finar	ncial & personnel		
Evidence of liability insurance (if require	d by the City))		
Permit Fee: \$	or	not applicable_		_
\$10.00 for Maywood Commons \$15.00 for Commons w/Electric				
By signing below, the applicant agrees of Maywood Park (copy provided).	to comply wi	th all provisions of (Ordinance No	o. 2018-3 of the City of
By signing this Special Event Permit For distribution of ALCOHOLIC bevera agree to take full legal responsibility for distribution of said beverages.	ages during a	n event, if allowed b	y the City. In	addition, the organizers
Signature of Resident		Date		
City of Maywood Park		Approved	or	Denied
Signature of Mayor		Date		