



Event Permit Application

This application must be filled out completely and submitted to be considered for possible permit.

Event Title: _____

Event Location / Address: _____

Event Dates	Event Start Time	Event Start Time
Alternate Event Dates	Alternate Event Start Time	Alternate Event Start Time
Set Up Date(s)	Set Up Start Time	Set Up End Time
Tear Down Date(s)	Tear Down Start Time	Tear Down End Time

of Participants Expected: _____

of Volunteers / Event Staff: _____

Type of Activity (Please Select One)

- | | | | | |
|-----------------------------------|----------------------------------|-----------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Festival | <input type="checkbox"/> Concert | <input type="checkbox"/> Parade | <input type="checkbox"/> Walk/Run | <input type="checkbox"/> Trade Show |
| <input type="checkbox"/> March | <input type="checkbox"/> Fair | <input type="checkbox"/> Carnival | <input type="checkbox"/> Block Party | <input type="checkbox"/> Demonstration |
| <input type="checkbox"/> Protest | <input type="checkbox"/> Rally | <input type="checkbox"/> Exhibit | <input type="checkbox"/> Other _____ | |

Applicant Name: _____

Organization: _____

Mailing Address: _____

Day Phone: _____ Cell / Other: _____ Fax: _____

Email: _____

Alternate Contact: _____ Alternate Contact Number: _____

Food:

Will food be served or sold? Yes No

Catered by Restaurant? Yes No

Catered by Vendor? Yes No

Prepared on Site? Yes No

Vendors / Merchants:

Vendors / Merchants? Yes No

Number of vendors / merchants selling products / foods / services?

Entertainment:

Music Provided? Amplified Acoustic None

Audio System Provided? Yes No

Type of Audio System?

Fencing or Scaffolding Used? Yes No

Temporary Stage? Yes No

Dimensions of Stage?

Utilities:

Electricity Needed? Yes No

Origination of Power Source?

Portable Toilets? Yes No

Recycling Provided? Yes No

Garbage Cans / Collection? Yes No

Admission Charged? Yes No

Propane / Gas / Liquid Use or Storage? Yes No

Miscellaneous:

- Tents / Pop Up Canopies ? Yes No How Many? _____
- Temporary Structures? Yes No How Many? _____
- Parade Included? Yes No # of Floats? _____
- Animals Present? Yes No

Approximately How Many & What Type of Animals?

-
- Alcoholic Beverages Available? Yes No
- Drawing / Raffle? Yes No
- Motion Picture / Video Shoot? Yes No

Describe Type of Video Shoot:

- Fireworks / Fire Performance / Open Flame? Yes No
- Open to Public? Yes No
- Private Party / Group? Yes No

Please describe your event in detail and be sure to include every and all elements of your event that will help ensure its safety for all.

Please detail block numbers of exact streets / roads being used and/or blocked:

Print Applicant Name: _____ Date: _____

Submission of this form does not guarantee permit will be issued. Permit applications cannot be processed until the \$25 permit fee is paid by the applicant, either in person or mailed.

Please make all checks out to: City of Mount Pleasant - Recorder's Office

If form is being mailed, please address it to: If form is being hand delivered to city hall:

City of Mount Pleasant
Attn: Records Office
P.O. Box 426
Mount Pleasant, TN 38474

City of Mount Pleasant
Attn: Records Office
100 Public Square
Mount Pleasant, TN 38474

**Please print completed form and bring with you
if permit is paid for in person.**