



TOWN OF ST. JOHN SPECIAL EVENT PERMIT APPLICATION

(Please Fill In All Information and Circle All That Applies)

Sponsor's Name _____ Date _____

Sponsor's Address _____

Person In Charge _____

Business Telephone _____ Cellular Number _____

E-Mail Contact _____ Facsimile Number _____

Type of Event _____ Date(s) of Event _____

Location of Event _____

Specifics Hours of Event _____

Alcoholic Beverages: Beer Wine Other _____

State Permit Required: **Please attach copy of permit from State of Indiana**

Outdoor Music:

Security: If Yes How Many: _____

Parking: **Please attach parking plan for review**

Insurance: **Please attach certificate**

MEETING REQUIRED / PLEASE SET TIME AND DATE WITH TOWN MANAGER

DATE: _____ **TIME:** _____

OCCUPANCY LIMIT _____ (To be determined by St. John Fire Chief)

SIGNATURE OF APPLICANT: _____

TOWN MANAGER

PUBLIC WORKS

POLICE CHIEF

FIRE CHIEF

Approved: _____ Denied _____