

INCORPORATED TOWN OF
NORTH JUDSON
INDIANA 46366

SPECIAL EVENT PERMIT APPLICATION

NAME of Event: _____

DATE(S) of Event: _____

ORGANIZATION Making Request: _____

COMPLETE ADDRESS: _____

PHONE: _____ FAX: _____ (if available)

E-MAIL ADDRESS: _____

RESPONSIBLE PERSON/CONTACT: _____

PHONE: _____ CELL PHONE: _____

LOCATION of Event: _____

*Streets closing request from intersection to intersection. Ex: Lane St. **from** Main St. **to** Sycamore St.*
STREET(S) REQUESTING TO BE CLOSED: _____

Will **ALCOHOLIC BEVERAGES** be Served?: Yes ___ No ___ Sold? Yes ___ No ___ *If on Public Property a Beer Garden will be required .* Location of Beer Garden: _____

SECURITY Arrangements: (if needed) _____

RESTROOM provisions: **Name of Company:** _____

CLEAN-UP Arrangements: _____

APPROVED: _____ DENIED: _____ FEE: _____ (if applicable)

Please submit your application eight weeks in advance to give the Council ample time to review. Thank you!