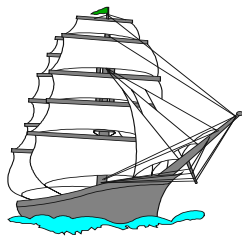


City of Manzanita
Application for Special Event Permit



Date of request: _____, _____

Person making request: _____

Mailing address: _____

Phone number: _____ Cel number: _____

Organization (if applicable): _____

Type of event: _____

Date(s): _____ to _____ Hours: _____ to _____

Location: _____

(check which apply) Public Event: Private Event: Charitable: Profit:

Non-profit: Public Property Used: Private Property Used:

Estimated attendance: _____

Police, Fire or Medical support available or needed? Yes: No:

Restrooms Available: Yes: No: Handicap Accessible: Yes: No:

Alcohol Served/Sold/Consumed: Yes: No: Type: _____

Live Entertainment: Yes: No: Type: _____

Describe Event Support Staff: _____

Describe Parking Conditions: _____

Briefly Describe Nature of Event (attach map if needed for clarification or if requested)
