



City of Manzanita Application for Special Event Permit

Date of request: _____

Person making request: _____

Mailing address: _____

Phone number: _____ Cell number: _____

Organization (if applicable): _____

Type of event: _____

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

Location: _____

Check what applies:

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)
