

OFFICE USE ONLY
PLEASE DO NOT WRITE ON THIS PAGE

CHIEF OF POLICE

Date Received by Police: _____

Special condition for event:

Meeting with Applicant: Yes No If YES, Date of Meeting: _____

CERTIFICATION OF APPLICATION BY:

CHIEF OF POLICE:

Approved Denied

Signature of Chief of Police

Date

Public Works Director:

Approved Denied

Signature of Public Works Director

Date

Copy to Fire Department: _____

Date

Copy to EMS: _____

Date

Fee Paid: _____

Date

