



**OFFICE USE ONLY**  
PLEASE DO NOT WRITE ON THIS PAGE

**CHIEF OF POLICE**

Date Received by Police: \_\_\_\_\_

**Special condition for event:**

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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

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Copy to Fire Department: \_\_\_\_\_  
Date

Copy to EMS: \_\_\_\_\_  
Date

Fee Paid: \_\_\_\_\_  
Date

