



1969 Central Avenue
Lake Station, IN 46405
Phone (219) 962-2081 Ext. 204 Fax (219) 963-9275
Clerk Treasurer: Brenda Samuels

PERMIT# _____

SPECIAL EVENT PERMIT APPLICATION

Requested By:

Address:

City: _____ State: _____ ZIP _____

Phone: _____ Email: _____

Location of Event:

Date & Time of Event:

Purpose of Event:

Activities, Entertainment, Etc. (PLEASE BE SPECIFIC IN DETAILS WITH WHAT EVENTS ARE PLANNED)

Applicant Signature:

_____ **Date:** _____

Documentation Required:

Proof of Insurance (Liability Insurance minimum amount of five hundred thousand (\$500,000.00) for each person, and one million dollars (\$1,000,000.00) for each occurrence)

Diagram of area [showing blockades, etc. if applicable]

Permit Fee: \$50.00

****UPON APPROVAL PLEASE HAVE PERMIT POSTED**

FOR EVENT**

BOARD OF WORKS MEETING DATE:

Approved: _____

Denied: _____

Date: _____

Clerk Signature: _____

Date: _____