



va@villageofarcantum.com

COMMUNITY EVENT PERMIT

NAME OF ACTIVITY: _____

RESPONSIBLE PERSON: _____

PHONE NUMBER: _____ ADDRESS: _____

TIME/DATE/LENGTH OF EVENT: _____

LOCATION OF EVENT: _____

ROAD CLOSURES: YES or NO WATER NEEDED: YES or NO ELECTRIC NEEDED: YES or NO

If you answered YES to any of the above please complete bullet points that apply, Superintendent will contact you

- Road Closures: # of Barricades _____ Which streets _____
• Electric: # of panels & where _____
• Water: _____

STREET DEPT: TRASH PICKUP YES or SWEEPER YES

TRASH CONTAINERS FROM RUMPKE: YES

SAFETY NEEDED: POLICE or FIRE (PAID OFFICERS REQUIRED IF ALCOHOL AT EVENT)

ALCOHOL: YES ALCOHOL PERMIT # _____

PROOF OF INSURANCE REQUIRED: PLEASE SUPPLY COPY W/PERMIT

NON-PROFIT: YES

CONTACT DURING EVENT:

NAME: _____ PHONE: _____

SIGNATURE OF RESPONSIBLE PARTY: _____ DATE: _____

APPROVED BY:

MAYOR _____ DATE _____

VILLAGE ADMINISTRATOR _____ DATE _____

POLICE CHIEF _____ DATE _____

FIRE CHIEF _____ DATE _____

SUPERINTENDENT _____ DATE _____

NO FEE