



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 or SWEEPER

TRASH CONTAINERS FROM RUMPKE:

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\*\*