

CITY OF CLAYTON

APPLICATION FOR EVENT PERMIT

Complete the following application, provide event layout and return to the Event Specialist, 10 N. Bemiston, Clayton, MO 63105, no less than 90 days prior to the event. Once your event is approved, please submit the processing fee of \$25.00 to book the event. For more information, call 314-290-8566. Additional requirements will be distributed with event approval.

Location: Shaw Park _____ Center of Clayton _____

Other _____ (i.e. city streets, parking lots, etc.)

Application Date: _____

Name of Event: _____ **Actual Date of Event:** _____

Type of Event: Run Walk Performance Festival

Other (Specify) _____

Will Alcohol be served? Yes No

Who will hold alcohol permit? _____

Set-Up Time: _____ A.M. or P.M. **Date:** _____

Tear-down Time: _____ A.M. or P.M. **Date:** _____

Actual Start Time of the Event: _____ A.M. or P.M.

Actual End Time of the Event: _____ A.M. or P.M.

These times are used to estimate City Services and should be accurate at application submittal. Changes to these times will require approval from the City Event Specialist along with additional fees.

Starting Location of Event: _____

Ending Location of Event: _____

Estimated Number of Attendees: _____ Estimated Number of Vendors: _____

Estimated Number of Performers: _____ Estimated Number of Vehicles: _____

Name of this event you would like listed on our website: _____

Contact information (phone or email address for our website for people to call for more information): _____

If no additional information is provided, event name and primary phone number of organizer will be used.

Person/ Organization Making Application:

Name: _____

Primary Phone: _____

Residence Address: _____

Secondary Phone: _____

Business Address: _____

Fax #: _____

Occupation: _____

E-Mail: _____

Event Organizer (Must be an individual that is responsible for the event):

Name: _____

Res. Phone: _____

Residence Address: _____

Bus. Phone: _____

Business Address: _____

Fax #: _____

Occupation: _____

E-Mail: _____

Name of Organization: _____

Non-Profit? Yes No

Is proposed event to be held by, or on behalf of, or for any person other than applicant? Yes No

Describe the event and State the Purpose or Objective of the Proposed Event (Attach additional sheets as needed):

What Street Closures are needed? ANY STATE OR COUNTY ROUTES REQUIRE APPROPRIATE DOT APPROVAL (Please attach a drawing or map of area.)

Proposed Route or Layout of event: (Please attach a drawing or map of area.)

Describe the Event Equipment included in Layout (tents, tables, chairs, stages, etc.):
(Note: The City does not provide equipment.)

Electricity Required Yes No Do you plan to use amplified sound? Yes No

Please detail sound system requirements: _____

I have carefully read and will abide by the foregoing Application and Policies and swear that statements I made therein are true and correct to the best of my knowledge and belief. ***(Signature is required before approval will be granted.)***

Signature of Person Making Application

Date

Note: All Signatures are required for Approval

_____ Approved Denied Approved with conditions **Date Rec'd.** _____
Event Specialist
Department Event Contact: _____
Approval/Denial Conditions: _____

_____ Approved Denied Approved with conditions **Date Rec'd.** _____
PDirector of Parks
Department Event Contact: _____
Approval/Denial Conditions: _____

_____ Approved Denied Approved with conditions **Date Rec'd.** _____
Police Chief
Department Event Contact: _____
Approval/Denial Conditions: _____

_____ Approved Denied Approved with conditions **Date Rec'd.** _____
Public Works Director
Department Event Contact: _____
Approval/Denial Conditions: _____

_____ Approved Denied Approved with conditions **Date Rec'd.** _____
Fire Chief
Department Event Contact: _____
Approval/Denial Conditions: _____

_____ Approved Denied Approved with conditions **Date Rec'd.** _____
City Manager
Approval/Denial Conditions: _____