

# 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):

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

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

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Describe the Event Equipment included in Layout (tents, tables, chairs, stages, etc.):

*(Note: The City does not provide equipment.)*

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What City staff would you like to visit your event? *(Note: City staff will do their best to attend the event, but a visit can't be guaranteed due to the nature of the work.)*

Police  Fire  EMS  Other \_\_\_\_\_

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

Please detail sound system requirements: \_\_\_\_\_

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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.** \_\_\_\_\_  
Kristin Bryant, Event Specialist  
Department Event Contact: \_\_\_\_\_  
Approval/Denial Conditions: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  Approved  Denied  Approved with conditions **Date Rec'd.** \_\_\_\_\_  
Patty DeForrest, Director 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.** \_\_\_\_\_  
John Paul Jones, Fire Chief  
Department Event Contact: \_\_\_\_\_  
Approval/Denial Conditions: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  Approved  Denied  Approved with conditions **Date Rec'd.** \_\_\_\_\_  
David Gipson, City Manager  
Approval/Denial Conditions: \_\_\_\_\_