

PERMIT NO: \_\_\_\_\_ DATE: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_

## TOWN OF GALENA *SPECIAL EVENT PERMIT APPLICATION*

Name of Event: \_\_\_\_\_

Description: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Date of Event: \_\_\_\_\_ Hours of Event: \_\_\_\_\_

Applicant: (printed) \_\_\_\_\_

Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Day \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_

Email: \_\_\_\_\_

Sponsored by: \_\_\_\_\_

Location of Event: \_\_\_\_\_

*Note: Provide a sketch showing the location of the event or route of the parade.*

*Use of State Highway roads will require a permit from the State Highway Administration.*

**Certificate of Insurance:** *The applicant shall provide the Town with a Certificate of Insurance and name the Town as a certificate holder insured under their policy.*

Applicant/Agent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Applicant hereby agrees to comply with all regulations applicable hereto and further agrees that any misstatements or misrepresentation of facts or any other change within the approval of the agencies concerned shall constitute sufficient grounds for denial for the permit.*

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Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
                    Sharon Weygand, Zoning Administrator

Conditions: \_\_\_\_\_

\_\_\_\_\_