

SPECIAL EVENTS PERMIT

Applicant Information			
Date of Application	Permit No.		
Applicant Name			
Mailing Address - Street Name/Number (Applicant)	City	State	Zip Code
Applicant Phone Number	Applicant Email Address		
Address or location of Special Event (Please submit a map showing location)			
Sponsor Information			
Sponsor Name			
Mailing Address - Street Name/Number (Applicant)	City	State	Zip Code
Sponsor Phone	Sponsor Email		

1. Estimated number of participants.
2. Will there be off-premise advertising? Yes No
3. Will there be off-premise vendors? Yes No
4. Will there be a live band or sound system, lighting or loud speakers during the event? (If yes, please provide a plan or description for the location of equipment) Yes No
5. Will there be animals present for the event? Yes No
6. Will there be provision for disposal of sanitary waste sewage for the event including toilet facilities, and the disposal of garbage, trash, and refuse? Yes No
7. Will you be serving alcohol? * Yes No
8. Are you going to close the street for the event? ** Yes No

*Multi-Day events or any event serving or distributing alcohol will require approval from Nixa City Council.

** For events requiring the closure or blockage of any street, alley, or road; or the use of any city-owned property or right of way areas, submission of a liability policy in the amount of one million dollars (\$1,000,000) for any injury to any person, including death, arising out of one incident. The City of Nixa shall be an additional named insure for each of the above-referenced policies and the special event sponsor(s) shall execute a Hold Harmless Agreement indemnifying the City of Nixa.



The cost of City services or equipment that is used for the event will be incurred by the applicant.

Purpose and /or Description of Event

Start Date & Time

End Date & Time

I hereby certify that the answers and other information on this application are true and correct and I have ready and understand the above procedures and requirements as they pertain to City Special Events Regulations and by signing this form, acknowledge compliance with these rules.

Signature of Applicant

Date

Printed Name

For Office Use Only

Approved

Denied

City Planner Signature

Date

Parks Director Signature

Date

Notes

Police Chief Signature

Date

Notes

Public Works Director Signature

Date

Notes

Approved by City Council Resolution Number:

Date

