Special Event Permit Application

Per Chapter Seven, Article 1 of the Gladstone Ordinance & the Gladstone City Fee Schedule

Applicant Information:

Name: _____

Contact Person: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

Organization Information:

Name: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

Event Information:

Event Name: _____

Event Type: ☐ Community Event ☐ Fundraiser ☐ Parade ☐ Festival ☐ Other: _____

Event Location: _____

Event Date(s): _____

Event Hours: _____

Description of Event:

Provide a brief description of the event, activities planned, and purpose.

_____

_____

_____

_____

Attendance & Public Impact:

Estimated Attendance: _____ Will streets, sidewalks, or public areas be used? ☐ Yes ☐ No

If yes, describe: _____

Will amplified sound be used? ☐ Yes ☐ No

Will food or merchandise be sold? ☐ Yes ☐ No

If yes, list vendors or attach vendor list:_____

_____

Will alcohol be served? ☐ Yes ☐ No

(Separate Alcoholic Beverage licensing requirements apply under Chapter Seven, Article 5.)

Safety & Logistics:

Security Plan (if applicable): _____

_____

_____

Traffic or Parking Adjustments Needed: _____

_____

_____

Sanitation / Waste Management Plan: _____

_____

_____

Insurance:

If required by the City Council, attach proof of liability insurance naming the City of Gladstone as an additional insured.

Insurance Attached: ☐ Yes ☐ No ☐ Not Required

Fees:

Special Event Permit Fee: $25.00 per event

Total Fee Enclosed: $_____

Applicant Certification:

I hereby certify that the information provided in this application is true and correct. I agree to comply with all applicable provisions of the Gladstone City Ordinances, including Chapter Seven – Business Regulations and Licenses, and any conditions imposed by the City Council. I understand that failure to comply may result in permit revocation.

Applicant Signature: _____ Date: _____

Printed Name: _____

City Use Only

Date Application Received: _____ Fee Paid: $_____

Council Action: ☐ Approved ☐ Denied Permit Number: _____

Conditions (if any): _____

Authorized By: _____ Date of Authorization: _____