

**CITY OF GROVE CITY
SPECIAL EVENTS PERMIT REQUIREMENTS**

TYPE OF EVENT: _____

NAME OF PERSON/BUSINESS: _____

NAME OF PERSON RESPONSIBLE FOR EVENT: _____

PHONE NUMBER: _____

LOCATION OF EVENT: _____

DATE & TIME OF EVENT: _____

IS SANITATION FACILITIES AND POTABLE WATER AVAILABLE?: _____

IS SECURITY/CROWD MANAGEMENT PROVIDED FOR? : _____

WHAT TYPE OF PARKING AND/OR TRAFFIC ISSUES ARE PRESENT?: _____

WILL EMERGENCY & MEDICAL SERVICES BE NEEDED?: _____

WILL FIRE/SAFETY SERVICES BE NEEDED?: _____

INSURANCE AFFIDAVIT: _____

(attach copy)

WHO IS RESPONSIBLE FOR THE AND CLEAN-UP OF PREMISES & SURROUNDING
AREA/TRASH DISPOSAL:

ARE TEMPORARY CONSTRUCTION BARRICADES/FENCING NEEDED?: _____

PROVISIONS FOR REMOVAL OF ADVERTISING/PROMOTIONAL MATERIALS: _____

WILL THERE BE ALCOHOL CONSUMPTION?: _____

(must follow Special Event Alcohol Guidelines)

IF SO, INSURANCE AFFIDAVIT: _____

FEE: _____

APPROVED BY: _____

Mayor

DATE APPROVED: _____