



SPECIAL EVENT PRELIMINARY APPLICATION

Date Application Completed: _____

Organization Name: _____

Event Chairman Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____

E-Mail: _____ website: _____

Title of Event: _____

Event Information: _____

Event Description: _____

Date and Time of Event: _____

Place where event will take place: _____

Will there be a parade: _____
(If so please provide map of route.)

Does your event require road closure: _____ (Provide Map of Route)

Will you need electricity: _____

Will you require a black power permit: _____

Will you need Suspension of Alcohol: _____

Anticipated attendance: _____

Will your event require hotel rooms for organizers or event participants: _____

Provide contact of organizing person: _____

Will Alcoholic beverages be served: _____

Has event taken place in the past: _____ Years: _____

Completing this form does not guarantee that your event has been approved. This information will be shared with city departments and follow up application and meetings will be provided to organizer. Should you have any questions please e-mail beth.norviel@stcharlescitemo.gov

Signature: _____ Date: _____