

CITY OF REEDSPORT  
**EVENT PERMIT**

APPLICANT'S NAME \_\_\_\_\_

APPLICANT ADDRESS \_\_\_\_\_

CONTACT PHONE NUMBER \_\_\_\_\_

EVENT NAME \_\_\_\_\_

DESCRIPTION OF EVENT: \_\_\_\_\_  
\_\_\_\_\_

GROUP SPONSORING EVENT \_\_\_\_\_

EVENT DATE \_\_\_\_\_ EVENT HOURS: FROM \_\_\_\_\_ TO \_\_\_\_\_

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ESTIMATED NUMBER OF PARTICIPANTS: \_\_\_\_\_

WILL ALCOHOL BE PROVIDED/SOLD? : \_\_\_\_\_ YES \_\_\_\_\_ NO

(If applicable, please provide name of licensed alcohol server)

EVENT AREA/ADDRESS: \_\_\_\_\_

(Please name location to be used for event participants)

**PLEASE ATTACH MAP OF EVENT LOCATION INDICATED.  
FOR OFFICE USE ONLY**

APPROVED:

\_\_\_\_\_  
Police Chief

\_\_\_\_\_  
Public Works Superintendent

\_\_\_\_\_  
Fire Chief

\_\_\_\_\_  
City Manager

CC: City Manager  
Police Chief  
Reedsport Volunteer Fire Chief

Public Works Superintendent  
Lower Umpqua Hospital Emergency Medical Services Director