

City of Woodbine
Application for Special Event Permit

Organization/Group Information

Organization/Group Name _____

Physical Address _____

City/State/Zip _____

Office Phone _____ Cell _____

Email _____

Contact Name _____

Contact Phone _____ Cell _____

Contact Email _____

Special Event Information

Name of Event _____

Location of Event (Park, Restaurant, Other) _____

Location Address _____

Is the location: Publicly Owned Privately Owned

Name of Owner _____

Owner Mailing Address _____

Owner Phone _____ Cell _____

Date(s) of Event _____

Hour(s) of Event _____

Purpose of Event _____

Location Owner Authorization

I hereby give _____ permission to hold the above described
(Applicant Name)

Special Event at the following location _____
(Name and Address of Location)

on the date and times listed above.

Location Owner Signature

Date

Applicant Certification

I hereby certify that the above information is true and correct and that I will abide by all rules, regulations and requirements of the City of Woodbine "Noise Control Ordinance".

Applicant Signature

Date

Approval of this Application is based on the information provided above by the applicant. Any change to the Location Information requires the applicant to notify the City immediately to allow for review of the changes. Failure to notify the City of changes in the Location Information could result in revocation of the Permit.

City Application Reviewer

Title

Approved Disapproved

Date: _____

Reason for Disapproval _____

Contact Information for Woodbine City Hall:

(912)576-3211 (City Hall)

(912)576-3274 (Fax)

cityofwoodbine@tds.net

(Ver.091912)