

CITY OF BRISTOL, TENNESSEE
SPECIAL EVENT PERMIT APPLICATION
(Please type or Print Legibly — Additional Sheets May be Attached if Necessary)

Name/Type of Event: _____

Date of Event: _____ Start Time: _____ Until: _____

Location Proposed to be Used: _____

Location Route (Attach Map): _____

Type of Use Requested (Example: Public Entertainment, Rally, Demonstration, or Any Combination Thereof, Tents, Cooking, Music, Alcoholic Beverages, Requested Street Closings, Etc.)

If a Public Entertainment, Rally, Demonstration or a Combination Thereof, the Names and Addresses of Any Persons to Be Featured as Entertainers or Speakers: _____

Expected Size of Group: _____

NOTIFICATIONS

	<u>Date</u>	<u>Initial</u>	<u>Approved</u>
Police (423) 989-5600: 801 Anderson Street Bristol TN 37620	_____	_____	_____
Fire: 201 Bluff City Hwy. Bristol TN 37620	_____	_____	_____
Risk Management: City Hall, 2 nd Floor Bristol TN 37620	_____	_____	_____
Hold Harmless: _____			
Leisure Services:	_____	_____	_____
Parks Reservation:	_____	_____	_____
Sanitation: Public Works	_____	_____	_____



Traffic:

STREET CLOSINGS: _____

CLEANUP DEPOSIT RECEIVED: _____ RELEASED: _____

Name/Address of Applicant: _____

Telephone Number: _____

Name and Address of Contact Person/Person in Charge of Such Use at the Site: _____

Telephone Number: _____

Names and Addresses of the Officers and Employees Sponsoring Organization: _____

Method of Advertising Event, If Any, In Detail: _____

List of Mechanical Equipment to be Used: _____

Any Motor Vehicles to be Used: _____

Description of Any Sound Amplification to be Used: _____

_____.

Proposed Policing of the Group Which Will Shall Include the Number of People to Direct Traffic, Set Up, and Clean Up and to Maintain Order If Necessary During the Event or Use if Such Policing is Necessary: _____

_____.

If the Chief of Police Deems it Reasonable to Require Special Duty Police, Such Application Shall be Set Forth to the Number to be Employed, Which Employment Shall be the Responsibility of the Applicant. _____

_____.

I CERTIFY THE ABOVE INFORMATION TO BE TRUE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE: _____

NAME PRINTED: _____

ADDRESS: _____

NAME OF ORGANIZATION: _____

DATE: _____
