



## **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](mailto:beth.norviel@stcharlescitemo.gov)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_