



**CITY OF CRETE
APPLICATION FOR SPECIAL EVENT PERMIT**

Date of Event _____

Start Time of Event _____

Finish Time of Event _____

Location of Event _____

This request is for temporary occupation of the street or sidewalk right-of-way.

Streets or Alleys requesting to be closed _____

Special Equipment _____

Organization _____

Responsible Party _____

Address _____

Phone _____

Signature of Responsible Party

DO NOT WRITE IN THIS SPACE

Application # _____

Public Works Review _____

Emergency Services Review _____

Council Meeting Date

Approved _____

Denied _____

Insurance Certificate Required

Ins. Cert. Received _____

Conditions listed on back

REQUIRED ATTACHMENTS:

- Diagram or print of location of event.
- If alcoholic liquor will be served, copy of SDL.
- If alcoholic liquor will be served, description of barricades, devices, security measures, etc. to ensure compliance with The Nebraska Liquor Control Act:

- Copy of insurance covering event with City of Crete as named insured.