

## **Event & Facility Application Check List**

Event Name:					
Date: Time:					
Location:					
Organization:					
Contact Person(s):					
Phone Number:					
E-Mail Address:					
<u>Items</u>	<u>Date</u>	<u>Notes</u>			
Submitted	Received				
Complete Application					
Insurance w/ Endorsement					
MAP					
<b>Deposit</b> : Application		Log:			
Fees: Digital; ABC License		Log:			
PC Public Health					
Approved By:	<u>Date</u>	<u>Date</u>	Conditions		
	<u>Emailed</u>	Approved			
City Manager					
Comm. Services Dir.					
Public Works Supv.					
Sheriff Dept.					
Fire Dept.					
CITY Barricades etc. Req.					
CITY Power Requested					
*City Clerk *New Only					
*City Council <u>*New Only</u>					
NOTIFICATIONS and REQUESTS					
Event Liaisons					
Digital Billboard			Log:		
Banner UP / Down			Log:		
Caboose					
Recology					
US BANK					
APPROVAL Letter Sent					



## **Post Event De-Brief Meeting:**

Inspected by/Date:	Eligible for Refund: Y / N
De-brief Meeting Date/Time:	
Meeting Notes/Comments:	
<u>Deposit Refun</u>	d or Additional Charges:
Date Refund Requested:	Refund Amount:
Date Mailed or Picked-up at City Hall:	
Event/Facility Charges:	
Per Hour \$ Number Hou	ırs: Total Charges: \$
Items Not Returned/Lost/Damaged: _	
Replacement Cost: \$ Da	te Collected: Amount:
Paid By: Cash / Check / Credit Card / Ot	her:
LOG(S) Updated:	