



Chief of Police



Town Manager



Fire Chief

TOWN OF CEDAR LAKE SPECIAL EVENT PERMIT APPLICATION

Please Complete All Information and Check All Items That Apply

Sponsor's Name _____ Date _____

Sponsor's Address _____

Person in Charge _____

Business Telephone _____ Cellular Number _____

E-Mail Contact _____ Fax Number _____

Type of Event _____ Date(s) of Event _____

Location of Event _____

Specific Hours of Event _____

Outdoor Music: Yes No If yes: DJ Live Other _____

*Alcoholic Beverages: None Beer Wine Other _____

*Fireworks: Yes No (An additional Fireworks Permit is required from both the State and Town)

Requirements:

- *Indiana State Permits for Alcohol and Fireworks must be submitted with your Permit Application
- Attach a copy your certificate/proof of insurance and parking plan for review
- Schedule required meeting with the Town Manager Date: _____ Time: _____

I acknowledge that I have received and read the attached copy of Ordinance No. 1478, the Special Events Permit Ordinance, as may be amended from time to time, and agree to all the terms set forth in same. _____
Signature of Applicant

Completed by Staff

Security Requirement determined by the Police Chief or PD designee _____

Occupancy Limit determined by the Fire Chief or FD designee _____

Town Manager

Public Works

Police Chief

Fire Chief

Patrol Commander

Parks and Recreation

Approved: _____

Denied: _____