





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	<u> </u>
Outdoor Music: Yes □ No □ If yes: DJ □ Liv	ve □ Other
*Alcoholic Beverages: None □ Beer □ Wine □	Other
*Fireworks: Yes □ No □ (An additional Fireworks	s Permit is required from both the State and Town)
Requirements:	
□ *Indiana State Permits for Alcohol and Firewo	orks must be submitted with your Permit Application
☐ Attach a copy your certificate/proof of insura	· · · · · · · · · · · · · · · · · · ·
☐ Schedule required meeting with the Town Ma	ınager 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
·	ed by Staff
Security Requirement determined by the Police Chief or	
Occupancy Limit determined by the Fire Chief or FD designee	
Town Manager	Public Works
Police Chief	Fire Chief
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Patrol Commander	Parks and Recreation
Approved: Der	nied·