

**CITY OF FOSTORIA
ALL EVENTS PERMIT APPLICATION**

Please indicate the type of permit requested.		<input type="checkbox"/> General Event Permit <input type="checkbox"/> Parade Permit	
Applicant Name		Host Organization	Application Date
Event Name		Event Description	
Address	City, State Zip	Phone Number	Website/Email
Event Date(s) and Time(s)		Event Location	

Event Contact(s)	Name	Phone	Email
	(1)		
	(2)		
Category	<input type="checkbox"/> athletic/recreation <input type="checkbox"/> exhibits/museum <input type="checkbox"/> festival/carnival <input type="checkbox"/> parade/procession/march	<input type="checkbox"/> concert/performance/dance <input type="checkbox"/> farmer/outdoor market <input type="checkbox"/> special/miscellaneous/other	

Set up date & time	Tear down date & time	Is this an annual event?	Number of years event held

Alcohol provided/permittted at event	<input type="checkbox"/> not applicable <input type="checkbox"/> beer and/or wine <input type="checkbox"/> beer, wine & distilled spirits
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Event security provided by	Phone number

City of Fostoria personnel requested	<input type="checkbox"/> Fire Division <input type="checkbox"/> Police Division	<input type="checkbox"/> Parks Department <input type="checkbox"/> Street Department
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Please indicate reason for involvement:

Material or Equipment rental needed for event? (\$250 refundable deposit required)	<input type="checkbox"/> barricades/ barricade lights <input type="checkbox"/> road cones/orange barrels <input type="checkbox"/> bleachers	<input type="checkbox"/> trash receptacles <input type="checkbox"/> picnic tables <input type="checkbox"/> other (specify)
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The permit holder assumes liability for all lost, stolen or damaged City property and understands that the city of Fostoria requires security on hand for the entire duration of the event. Further the event holder agrees to hold the city harmless for any and all claims related to all aspects of said event.

Applicant Signature _____

[FOR ADMINISTRATIVE USE ONLY]

Personnel Cost Estimate				Material/Equipment Cost Estimate	
No. of Emp.	Department	Rate/Hour	Total Cost	No.	Material/Equipment Description
	Fire				Barricades
	Police				Barricade lights
	Street				Road cones
	Parks				Orange barrels
	Other				Trash barrels
Other Documentation					Picnic tables
Attached / Not Applicable	Certificate of Liability Insurance				Fire Department apparatus
Attached / Not Applicable	Liquor Permit				Fire Department truck(s)
Attached / Not Applicable	Health Department Inspection				Police Department vehicle(s)
Attached / Not Applicable	Fire Department Inspection				Public Works Department vehicle(s)
	Other				Other

AUTHORIZATIONS

Eric Keckler, Mayor	Date _____
Joshua Clark, Safety Service Director	Date _____
Supervisor of applicable City Department	Date _____
Supervisor of applicable City Department	Date _____

Include Drawing of Event site with indications for street closings.