

TOWN OF STEVENSVILLE
APPLICATION FOR SPECIAL EVENT PERMIT

APPLICATION DATE: _____ (Must be at least 30 days prior to event)

NAME OF GROUP OR ORGANIZATION: _____

CONTACT PERSON: _____ TELEPHONE: _____

ACTIVITY:

LOCATION REQUESTING:

DATE: _____ STARTING TIME: _____ ENDING TIME: _____

ESTIMATED NUMBER OF PEOPLE ATTENDING: _____

ALCOHOL USE? YES _____ NO _____

If yes please attach Alcohol use request form

IS OVERNIGHT CAMPING REQUESTED? YES _____ NO _____

DO YOU HAVE INSURANCE? YES _____ NO _____

If yes please attach declaration page as proof of insurance for \$1.5 million as pursuant to Montana Statute M.C.A. 2-9-108.

WILL SECURITY BE REQUIRED? YES _____ NO _____

IF YES, PLANS FOR SECURITY: _____

PLANS FOR CLEAN UP: _____

FEE: \$ _____

This application will be considered at the first Town Council Meeting after its receipt, and the contact person will be notified of the Council's decision the following day.

** A representative must attend the council meeting.
