

TOWN OF STEVENSVILLE
APPLICATION FOR SPECIAL EVENT PERMIT

APPLICATION DATE: _____ (Must be at least 14 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

HIGHWAY OR STREET CLOSURE? YES _____ NO _____ If yes, please attach MDOT
Street Closure Permit

REQUEST FOR BONFIRE? YES _____ NO _____ If yes, please attach Town Burn Permit

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: \$ _____

**If the event involves less than 1,000 participants, this application will be forwarded to the Mayor for final approval. If the event involves more than 1,000 participants, this application will be considered at the first Town Council Meeting after its receipt. The contact person will be notified of the Mayor or Council's decision the following day. ** If Council approval, a representative must attend the council meeting.
