102 W Florence Street
Crescent, Iowa 51526
Office Hours: 8:30a to 4:30p

712.545.3981
crescentiowa.org
clerk@crescentiowa.org

SPECIAL EVENT PERMIT APPLICATION

Date Submitted: _____

Organizer: _____

Current Address: _____

Phone(s): _____

Email: _____

Location of Event: _____

Date of Event: _____ Start Time: _____ End Time: _____

Description/Purpose of Event: _____

_____

Parking Arrangements: _____

_____

Number of Security Officers: _____ Number of EMS: _____

Sponsors Associated with Event: _____

_____

_____

I have been advised of the requirements for a special event in Crescent and I, or the organization I represent, have met or will meet all requirements established by the City. It is further understood that the City has the authority to grant or deny permission for the event.

Applicant Signature: _____ Date: _____

Office Use Only

No Application Fee Required.

By Council: ❑ Approved ❑ Denied City Official: _____ Date: _____

Permit expires one year from application date.