CITY OF MILBANK
SPECIAL CONDITIONAL USE PERMIT APPLICATION

PERMIT NUMBER _____

THE APPLICATION WILL BE RETURNED IF NOT COMPLETED IN FULL.

APPLICANT/OWNER: (PRINT): _____ **PHONE**: _____

ADDRESS: _____

STREET ADDRESS: (general area event will be held) _____

EXISTING ZONING: (Surrounding Area) _____

TYPE OF APPLICATION: (check all that apply) _____ PRIVATE PROPERTY _____ PUBLIC PROPERTY

EVENT SETUP DATES: _____

EVENT DATES: _____

EVENT CLEAN UP DATES: _____

PLEASE DESCRIBE EVENT DETAILS: (be specific as to special services required of the city)

_____

_____

YES	NO	
___	___	Does the event involve the sale of alcoholic beverages?
___	___	Will items or services be sold at the event? If yes please describe:_____
___	___	Is this a night event?
___	___	Are there any musical entertainment features related to your event?
___	___	Will sound amplification be used?
___	___	Any Inflatable, Hot Air Balloons, or similar devices? If yes please describe:_____
___	___	Fireworks, Rockets or other pyrotechnics? If yes please describe:_____
___	___	Any Signs, Banners, Decorations, Special Lighting? If yes please describe:_____
___	___	Will you require the closure of any streets? If yes please describe:_____
___	___	Will you require the closure of any public parks? If yes please describe:_____

FOR OFFICE USE ONLY

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of event will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other federal, state, or local law.

_____

SIGNATURE OF EVENT ORGANIZOR DATE

Police Chief. _____

Parks Supt. _____

Ward Councilperson _____

Administrative Official _____

Permit issued: _____ Permit Expires: _____