

CITY OF MILBANK - SPECIAL EVENT PERMIT APPLICATION

PERMIT NUMBER _____

THE APPLICATION WILL BE RETURNED IF NOT COMPLETED IN FULL.

APPLICANT/OWNER: (PRINT) _____ PHONE: _____

ADDRESS: _____

EMAIL: _____

SALES TAX ID # (if applicable): _____

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

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

EVENT DATE(S): _____

EVENT SETUP DATE: _____ EVENT CLEAN UP DATE: _____

PLEASE DESCRIBE THE 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: _____

Is the event on Public Property? If Yes – Include copy of Liability Insurance Certificate.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provision 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

Return this application to the City of Milbank – 1001 E 4th Ave. Suite 301 – Milbank, SD 57252

Phone: (605) 432-9575 or Email application: assistant@milbanksd.com

FOR OFFICE USE ONLY

Police Chief _____

Park & Rec Manager _____ Parks Manager _____

Ward Councilperson _____

Administrative Official _____

☐ Insurance Certificate on File _____

Permit Issued: _____

Permit Expires: _____