

**CITY OF MILBANK - SPECIAL EVENT PERMIT APPLICATION**

PERMIT NUMBER \_\_\_\_\_

THE APPLICATION WILL BE RETURNED IF NOT COMPLETED IN FULL.

APPLICANT/OWNER: (PRINT) It Only Takes A Spark (Alex Pauli) PHONE: 605-949-2142

ADDRESS: PO Box 105 Milbank, SD 57252

EMAIL: apauli\_50@hotmail.com ; contactus@takesaspark.org

SALES TAX ID # (if applicable): \_\_\_\_\_

STREET ADDRESS: (general area event will be held) Farley Park

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

EVENT DATE(S): June 14<sup>th</sup> - 15<sup>th</sup>

EVENT SETUP DATE: June 14<sup>th</sup> EVENT CLEAN UP DATE: June 15<sup>th</sup>

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

Cancer Walk & Community picnic

- | YES                                 | NO                                  |  |
|-------------------------------------|-------------------------------------|--|
| _____                               | <input checked="" type="checkbox"/> | Does the event involve the sale of alcoholic beverages?  |
| <input checked="" type="checkbox"/> | _____                               | Will items or services be sold at the event? If yes, please describe: <u>food, games w/ prizes</u> |
| <input checked="" type="checkbox"/> | _____                               | Is this a night event?   |
| _____                               | <input checked="" type="checkbox"/> | Are there any musical entertainment features related to your event?                                |
| <input checked="" type="checkbox"/> | _____                               | Will sound amplification be used?  |
| <input checked="" type="checkbox"/> | _____                               | Any inflatable, Hot Air Balloons, or similar devises? If yes, please describe: <u>Inflatables</u>  |
| <input checked="" type="checkbox"/> | _____                               | Fireworks, Rockets or other pyrotechnics? If yes, please describe: <u>Fireworks</u>                |
| <input checked="" type="checkbox"/> | _____                               | Any signs, Banners, Decorations, Special Lighting? If yes, please describe: <u>Banners</u>         |
| _____                               | <input checked="" type="checkbox"/> | Will you require the closure of any streets? If yes, please describe: _____                        |
| _____                               | <input checked="" type="checkbox"/> | 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.

Alex Pauli 3-13-24  
 SIGNATURE OF EVENT ORGANIZOR DATE

Return this application to the City of Milbank – 1001 E 4<sup>th</sup> Ave. Suite 3  
 Phone: (605) 432-9575 or Email application: assistant@mi

Bathrooms?

**FOR OFFICE USE ONLY**

Police Chief \_\_\_\_\_  
 Park & Rec Manager \_\_\_\_\_ Parks Manager \_\_\_\_\_  
 Administrative Official \_\_\_\_\_

- Insur
- Permit Is
- Permit E