City of Gatesville Outdoor Event / Parade Application

Applicant / Organization Name:			
Address:			
Phone Number(s):			
Event Coordinator:			
Phone Number(s):			
Email:			
Event Name:			
Event Description, in deatil:			
Proposed Location(s):			
Requested Road closures:			
Anticipated Daily Attendance:			
Anticipated Daily Attendance:			
Event Dates and Times (including se	t-up and clean-up):		
Event Days	Date	Time Begin / Time End	
Set-up			
Day 1			
Day 2			
Day 3			
Is this a new event or has it occurred in the past?			
If yes, please list the date(s) it was held previously.			

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Admission Fee:	
Are you planning to sell, or allow the sale of, alcoholic beverages? (list if yes)	
Are you planning to use music or other public address speakers? (list if yes)	
Are you planning to use music or other public address speakers: (list if yes)	
List all annuament vides you play to have at the avent.	
List all amusement rides you plan to have at the event:	
Name of Company Providing Equipment:	
Please list all City of Gatesville assistance you will need (additional fees may app	ılv):
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Signature of Person Filing Form	Date
Pacaivad Dv	Data
Received By	Date