

**CITY OF MANZANITA  
SPECIAL EVENT PERMIT  
REQUEST**

1. Date of Request: \_\_\_\_\_

Person Making Request: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Day Phone No.: \_\_\_\_\_ Mess. Ph. \_\_\_\_\_

Organization (if applicable): \_\_\_\_\_

2. Type of Event: \_\_\_\_\_

Date(s): \_\_\_\_\_ to \_\_\_\_\_ Hours \_\_\_\_\_ to \_\_\_\_\_

Location: \_\_\_\_\_

(Check which apply) Public Event \_\_\_\_\_ Private Event \_\_\_\_\_ Charitable \_\_\_\_\_

Profit \_\_\_\_\_ Non-profit \_\_\_\_\_ Public Property Used \_\_\_\_\_ Private Property Used \_\_\_\_\_

(Please answer) Estimated Attendance (if known): \_\_\_\_\_

Police (or security) / Fire / Medical support available if needed? Yes \_\_\_\_\_ No \_\_\_\_\_

Describe: \_\_\_\_\_

Restrooms Available? Yes \_\_\_\_\_ No \_\_\_\_\_ Handicap Accessible? Yes \_\_\_\_\_ No \_\_\_\_\_

Alcohol Served / Sold / Consumed? Yes \_\_\_\_\_ No \_\_\_\_\_ Type: \_\_\_\_\_

Live Entertainment? Yes \_\_\_\_\_ No \_\_\_\_\_ Type: \_\_\_\_\_

Describe Event Support Staff: \_\_\_\_\_

Describe Parking Conditions: \_\_\_\_\_

3. Briefly Describe Nature of Event (attach map if needed for clarification or if requested.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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