



**City of Lakeland – Office of Special Events
Special Event Permit Application
Notification of Proposed Event**

Event Information

Event Name: _____

Is this an annual event? _____ No _____ Yes

<input type="checkbox"/>	Run/Walk	<input type="checkbox"/>	Concert/Performance	<input type="checkbox"/>	Street Closure
<input type="checkbox"/>	Festival in Park Venue	<input type="checkbox"/>	Parade	<input type="checkbox"/>	Other: Specify in space below.
<input type="checkbox"/>	Festival in Street	<input type="checkbox"/>	Neighborhood Block Party	<input type="checkbox"/>	

Event Type: Please check one.

Anticipated Attendance – The estimated amount of people expected at the event. _____

Anticipated Participants – If the proposed event has registered participants, the estimated number expected. _____

Food Trucks/Vendors - Yes _____ No _____

Event Date: _____ **Event Start Time:** _____ **Event End Time:** _____

Event Set-up Begin Time: _____ **Event Clean-up End Time:** _____

Event Planner Contact Information

Host Organization Name: _____

Event Representative: _____

Host Organization website: _____

Event Representative Contact Information:

Event Representative Phone: _____ **Email:** _____

Streets Requested to be Closed

Example Below (with Map)

Street	Beginning Intersection	Beginning Intersection Open/Closed	Ending Intersection	Ending Intersection Open/Closed
Kentucky Ave	Pine Street	Open	Main Street	Open

Example:

This is an example!

Please submit a map of the location of your proposed event with the associated streets you are requesting for closure. The Barricades should be placed on the map where you are requesting the closures to begin/end.

Legend:

Barricade: 

