



# TOWN OF ST. JOHN SPECIAL EVENT PERMIT APPLICATION

*(Please Fill In All Information and Circle All That Applies)*

Sponsor's Name \_\_\_\_\_ Date \_\_\_\_\_

Sponsor's Address \_\_\_\_\_

Person In Charge \_\_\_\_\_

Business Telephone \_\_\_\_\_ Cellular Number \_\_\_\_\_

E-Mail Contact \_\_\_\_\_ Facsimile Number \_\_\_\_\_

Type of Event \_\_\_\_\_ Date(s) of Event \_\_\_\_\_

Location of Event \_\_\_\_\_

Specifics Hours of Event \_\_\_\_\_

Alcoholic Beverages: Beer ☐ Wine ☐ Other \_\_\_\_\_

State Permit Required: **Please attach copy of permit from State of Indiana**

Outdoor Music:

Security: If Yes How Many: \_\_\_\_\_

Parking: **Please attach parking plan for review**

Insurance: **Please attach certificate**

**MEETING REQUIRED / PLEASE SET TIME AND DATE WITH TOWN MANAGER**

**DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_

OCCUPANCY LIMIT \_\_\_\_\_ (To be determined by St. John Fire Chief)

SIGNATURE OF APPLICANT: \_\_\_\_\_

\_\_\_\_\_  
TOWN MANAGER

\_\_\_\_\_  
PUBLIC WORKS

\_\_\_\_\_  
POLICE CHIEF

\_\_\_\_\_  
FIRE CHIEF

**Approved:** \_\_\_\_\_ **Denied** \_\_\_\_\_