

PFRMIT

Permits must providing auth	be submitted for review <u>at least</u> 30 norization.	day prior to the even	t. The City r	nay take	up to 14 calle	ndar days t	to review prior to
Permittee Information			Permit Information				
Name:			Location:				
Address:							
			Purpose:				
City:							
State:	Zip:						
Phone#:							
Contact:	1	_	Date of Ac	tivity:		1	1
Phone#:	Cell #:		Start:		End:		
Email:							
Small Evel Parades a Block Part Other	*		(at a minir selected re	ple e e e e le respor num) the	Required Required usibility of the required nu etailed above	Event Provi Event Provi e event coo mber of vo e. Reflectiv	ided Personnel (15) ided Personnel (15) ided Personnel (15) ordinator to provide lunteers for the ve vest will be (Unreturned vests
Emergency Miss the event provider: SIGNS/BANNI Please contact EVENT CLEAN Please ensure waste. In signing the	t Codes and Regulations (502.895.9	cal Services? YES	will be cha a Large Ever (please com —	ts. plete Info	or below) Office Phone	NO :: walks, yard:	s) must be free of
Emergency Miles the event provider: SIGNS/BANNI Please contact EVENT CLEAN Please ensure waste. In signing the of the City	edical Services must be provided at roducer providing Emergency Meding Emergency Meding ERS t Codes and Regulations (502.895.9) UP PLAN your event is litter-free. All proper application for the permit sought St. Matthews.	cal Services? YES	will be character will be character (please com-	ts. plete Info	or below) Office Phone	NO :: walks, yard:	s) must be free of
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