

## TOWN OF HEBRON

#### BRADFORD LADWIG BUILDING COMMISSIONER Office 219-996-4641

Office 219-996-4641 Fax 219-996-7494

EMAIL:

hebronbuilding@hebronindiana.org

#### ESTABLISHED 1890 BUILDING DEPARTMENT

107 N. Main Street | P.O. Box 478 | Hebron, Indiana 46341

### **SPECIAL EVENT PERMIT APPLICATION**

Event Name			
Business / Organization			
Address			
City, State, Zip Code			
Phone #	Cell #		
Event Coordinator			
Phone #	Email		
Please complete for each Promoter of the event (use additional paper if necessary):			
Name / Title			
	Email		
Name / Title			
	Email		



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Describe Event			
Event location / address			
Date(s) of Event between the hours of to			
Number of people expected to attend throughout the course of event			
Maximum number of people expected at any given time			
Will the event have the following: Open to the public? Yes No			
Closure of public streets or public property? Yes No			
Bonfires, fireworks, propane use, or any open flame? Yes No			
Alcoholic beverages? Yes* No			
*If yes, list location and provisions			
Amusement rides or inflatable devices? Yes No			
Temporary structures? Yes No			
Booths / Tents? Yes No			
Live entertainment? Yes* No			
*If yes, will the sound be amplified? Yes No			



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Take Place Indoors Yes N	No	
Take Place Outdoors Yes	No	
Food vendors Yes No		
Food Vendor Name(s):		
Booth # Food Vendor Name	Phone #	Email
Entertainment: Name	Phone #	Email



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Has any permit issued to applicant(s) ev	ver been revoked: Yes	No	
If yes, Name of Applicant			
Please explain why permit was revoked			
Please attach copies of the following	documentation:	·	
Temporary Event Coordinator Registrati	on (Porter County Health Depart	ment)	
Temporary Food Vender Permit (Porter	County Health Department)		
Certificate of Insurance - Conditioned for said event in the amount of not lespecial event permit.			
Parking Plan Map - A map that shows a street parking, if applicable. If local busin of consent signed by the business owr being used by attendees of the event.	ness parking/parking lots are bein	g utilized include a letter	
Security Plan - Security determination with the size and type of event. Certain action security company, necessary police prespond Department.	ivities require heightened securit	y. If not using a private	
Private Security - If using a lensed security plan showing event entrance other procedures that will be used to en	es and exits, number of secur		
Private Security Company's Certifica a Certificate of Insurance listing the Police Department reserves the right additional security provisions as it deem	Гоwn of Hebron as "Additional ht to modify summitted secul	Insured". The Hebron	
Event must be accessible to people with	n disabilities.		
The undersigned will comply with all Federal an the Town and hereby certify that all informatic knowledge.			
Signature of Officer or Authorized Agent	Print Name	Date	
Signature of Officer or Authorized Agent	Print Namo	 Date	

Print Name

Signature of Officer or Authorized Agent