



EVENT PERMIT APPLICATION

Applicant to complete the following information:

Issued to (Title of Organization): _____

Person in Charge of Event: _____

Address: _____

Email: _____ Phone Number(s): _____

Location of Event: _____

Name of Band, DJ, Orchestra, Performer(s): _____

Date & Time (Start/End) of Event: _____

Estimated Number in Attendance: _____

Type of Event: _____

Will alcoholic beverages be served/sold? Yes No

Will you be applying for a permit to use open flame devices and/or conduct a flame effects performance? Yes No

I hereby agree to comply with all applicable laws and regulations.

Signature: _____ Date: _____

Title: _____

PLEASE SUBMIT THIS FORM TO 2149 CENTRAL AVE, MCKINLEYVILLE, CA 95521

Fire District to complete the following information:

Diagram/additional documents received (if required)?

Comments: _____

Recommendation:

Fire Marshal or

Designee Signature: _____ Date: _____

**THIS PERMIT IS TO BE POSTED
IN A CONSPICUOUS PLACE
DURING THE EVENT**