



**TOWN OF SCHERERVILLE
SPECIAL EVENT PERMIT APPLICATION**

Date Submitted _____

Sponsor's Name _____

Sponsor's Address _____

Person in Charge _____

Business Telephone _____

Cell Phone _____

Fax Number _____

Type of Event _____

Location of Event _____

Date of Event _____ Hours of Event _____

Alcoholic Beverages: yes no beer wine other

State Permit Required. **Please attach copy of permit from state**

Outdoor Music: yes no

Security: yes no (If yes, how many _____)

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

Insurance: **Please attach Certificate of Insurance**

Signage: yes no (If yes, please attach rendering. Maximum 30 sq. ft. allowed)

OCCUPANCY LIMIT (to be determined by Fire Chief) _____

MEETING REQUIRED/PLEASE SET TIME AND DATE WITH TOWN MANAGER

DATE/TIME OF MEETING _____ APPLICANT _____

TOWN COUNCIL PRESIDENT

CLERK TREASURER

TOWN COUNCIL MEMBER

POLICE CHIEF

TOWN COUNCIL WARD MEMBER

FIRE CHIEF

TOWN MANAGER

JOHN NOVACICH

APPROVED _____

DENIED _____

FEE: \$100 Receipt # _____