



OAK STREET CORRIDOR SPECIAL EVENTS PERMIT

Date Received: _____

“Special Event” shall mean an event to be held within the Oak Street Corridor of the City of Roanoke, which is of limited duration and is likely to attract 100 or more visitors. Examples include (without limitation) exhibitions, sporting events, festivals, carnivals, circuses, revivals, or concerts.

Applicant's Name: _____ Telephone #: _____
Address: _____

City State Zip Code
Event Representative (if different from applicant): _____

Address: _____
City State Zip Code

Daytime Phone () _____ Message Phone () _____ Fax Phone () _____

Sales Tax Number from State of Texas Comptroller's Office: _____

Details of event/program (All spaces must be completely filled out)

Type of event/program: _____

Proposed location (address) of event/program: _____

Opening Date: _____ Closing Date: _____

Hours of Operation: _____

Number of Attendees, including workers (best estimate) - Per Day: _____ Total: _____

Will you be closing portions of streets? Yes ___ No ___ If yes, complete Temporary Street Closing Application.

Description of activities to be conducted at the event/program and advertising/promotional efforts:

NOTE: Attach a detailed sketch drawing of event site plan, including locations of barricades, port-o-potties, and trash containers to accommodate event attendance.

Maximum number of units/booths in event: _____

How will you dispose of your waste (port-a-potty, dumpsters, trashcans, etc.)? (rate of one port-o-potty/toilet per 150 persons) _____

Will food and beverages (soft drinks or alcoholic) be served or dispensed at or near the event?
Yes___ No___ (City of Roanoke Vendor's Permit is required if selling items/food.)

If yes, explain:

If applicable, applicant must submit a copy of their insurance/bonds (see Special Event Permit Information Sheet).

I certify that the information is true and correct to the best of my knowledge and agree to furnish all information that might be required by the City during the review process in order that a complete evaluation can be made of this application.

As permit applicant, I hereby understand and accept all conditions (both regular and special) imposed by the issuance of this permit.

Signature and Title of Representative

Date

Date: _____

Approved_____ Disapproved_____

City Manager's or City Manager's Representative



SPECIAL EVENTS NOTIFICATION SIGNATURE SHEET

The following applicant _____ will be conducting a special event at the following location _____ on this date(s): _____ and time: _____.

Approximately _____ total attendees are expected.

Description of Event: _____

Name	Address	Title	Business Name	Do You Have Any Special Issues? (Yes/No or please state)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				



TEMPORARY STREET CLOSING APPLICATION

Applicant's Name: _____ Telephone #: _____

Address: _____

City

State

Zip Code

Details of Street Closing

DATE & TIME OF CLOSING:

Street Closed From ____ (a.m./p.m.) to ____ (a.m./p.m.) on ____ day(s) of ____ month 20__

Street Closing Location:

List portions of street to be obstructed or occupied by event: _____

Number of Barricades Required: _____

STREET CLOSING BARRICADE OPTION (circle applicable items)

1. City delivers and retrieves barricades: \$100.00 for first block, \$50.00 per block thereafter
Deposit (refundable): \$200.00

Date: _____

Approved _____ Disapproved _____

Applicant's Signature

City Manager's or City Manager's Representative