

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:	
Security: yes no (If yes, how many)
Parking: Please attach parking plan for review	
Insurance: Please attach Certificate of Insurance	
Signage:	num 30 sq. ft. allowed)
OCCUPANCY LIMIT (to be determined by Fire Chief)	
MEETING DECLUDED ON EACH CHE TIME AND DATE W	
MEETING REQUIRED/PLEASE SET TIME AND DATE W	
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 #	