

# Licking Township Special Event Permit Application

Organization Name

Billing Address

Primary Contact Name

PrimaryContact Number

PrimaryContact Email

Secondary Contact Name

Secondary Contact Number

Secondary Contact Email

Event Name

Event Address

Estimated Attendance

Estimated Peak Attendance

Yes

No

Pyrotechnics

Generators

Fireworks

Temporary Fuel Tanks

Will there be food vendors/trucks/trailers?

Description of Event

Yes

No

Preliminary Site Map Received

Preliminary Pyrotechnics/Firework Plan

Event Fee Received

**\*\*Permits will not be approved without above submitted and payment received\*\***

Licking Township Fire Company Use Only		
Permit Number	Approved	Denied
Date	Fire Chief Signature	