

City of Holts Summit

213 S. Summit Drive

PO Box 429

Holts Summit, MO 65043

(573) 896-5600



Application for Special Use Permit

(use separate sheet if more room is needed)

| | | |
|---------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------------|
| NAME OF EVENT: | | |
| NAME OF EVENT LAST YEAR: | | |
| DESCRIPTION OF THE EVENT | | PARK(S)/FACILITY TO BE USED (be specific) |
| DAYS/DATES | SET-UP TIME: (start) | CLEAN UP TIME: (end) |
| EVENT HOURS: | | |
| ANTICIPATED ATTENDANCE PARTICIPANTS: | | SPECTATORS: |
| BATHROOM PROVISIONS: | | |
| (attach notification of events to Holts Summit Fire Protection District and Ambulance District if applicable) | | |
| ORGANIZATION'S NAME: | | |
| REPRESENTATIVE'S NAME: | | |
| ADDRESS | STATE | ZIP CODE |
| PHONE: | EMAIL: | |
| METHOD OF PAYMENT | | |
| CREDIT CARD: _____ CHECK# _____ CASH _____ RECEIPT _____ | | |
| NAME ON CARD: _____ CARD# _____ | | |
| EXP. DATE: _____ | SIGNATURE: _____ | |
| TOTAL RECEIVED: \$ _____ | DATE RECEIVED: _____ | |