

SPECIAL EVENT APPLICATION FORM

Date of Application: _____

Business Name: _____

Address: _____

Description of Event: _____

Start Date of Event: _____

Ending Date of Event: _____

Contact Name: _____

Contact Email: _____

Contact Phone #: _____

Exact Location of Event: _____

(attach map - show # of parking spaces being utilized)

No portion of the event may occur in drive lanes or area that may result in a safety hazard, or interrupt traffic flow. Retailer assumes all liability for the safety of plaza patrons.

Handicapped parking spaces may NOT be utilized.

See second sheet MEMO for additional information/restrictions.