



SPECIAL EVENT APPLICATION

Date of Application: _____

**Location of Event
(Business Name):** _____

Address of Event: _____

Description/Name of Event: _____

Start Date of Event: _____

End Date of Event: _____

Contact Name: _____

Contact Phone: _____

Contact Email: _____

**Location on Property
Where Event
Will Take Place:** _____

Attach map to 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.