

CITY OF ATLANTIS  
SPECIAL EVENTS PERMIT

DATE \_\_\_\_\_

APPLICANT \_\_\_\_\_

ADDRESS \_\_\_\_\_

CONTACT PERSON AND PHONE NO. \_\_\_\_\_

DESCRIPTION OF EVENT \_\_\_\_\_  
\_\_\_\_\_

LOCATION OF EVENT \_\_\_\_\_

DATE AND TIME OF EVENT \_\_\_\_\_

NUMBER OF EXPECTED PARTICIPANTS \_\_\_\_\_

INSURANCE COMPANY \_\_\_\_\_

POLICY #(ATTACH COPY OF CERTIFICATE) \_\_\_\_\_

WILL STATE OR COUNTY CONTROLLED PROPERTY BE INVOLVED? \_\_\_\_\_

IF YES, PLEASE DESCRIBE AND ATTACH WRITTEN CONSENT \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HOW WILL THIS EVENT IMPACT MUNICIPAL TRAFFIC CONTROL, FIRE/RESCUE  
OPERATIONS, AND/OR UTILITIES? PLEASE STATE PROPOSED MITIGATION  
PLAN \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I affirm that all facts set forth herein are true and correct and understand that the City of Atlantis  
may impose reasonable conditions upon the Special Events Permit in order to reduce adverse  
impact and to protect the health, safety and welfare of all.

APPLICANT SIGNATURE \_\_\_\_\_ PRINT NAME/OFFICE HELD \_\_\_\_\_

CITY OF ATLANTIS USE ONLY

APPROVED AS SUBMITTED \_\_\_\_\_  
APPROVED WITH THE FOLLOWING CONDITIONS \_\_\_\_\_

DENIED(PLEASE EXPLAIN) \_\_\_\_\_  
\_\_\_\_\_

POLICE CHIEF/DATE \_\_\_\_\_ CITY MANAGER/DATE \_\_\_\_\_