

VILLAGE OF LOCKLAND

Special Event Permit Application

Name / Organization: _____

Address of requestor: _____

Phone number of Requestor: _____

Date of request: _____

Event Date(s) _____

Event Time: _____

Location: _____

Purpose of Event: _____

Please provide the following information if applicable.

Vendor Name: _____

Vendor Address: _____

Vendor Phone: _____ Email _____

Will alcoholic beverages be served or sold at the event? _____

Please provide the liquor license issued by the Ohio Department of Liquor control.

A certificate of liability insurance may be required before a permit is issued.

Village office staff will circulate this application to the Police, Fire, and Public Works Departments. The permit will not be issued without the approval of each department.

For Office Use Only

Police: _____

Fire: _____

Public Works: _____

Administrator: _____

Approval Date: _____