

CITY OF EUFAULA
P O BOX 219
EUFAULA, AL 36072-0219
TEL: 334-688-2007 FAX: 334-688-2016

EVENT PERMIT APPLICATION

Date of application: _____

Describe Event: _____

Persons or organizations sponsoring event: _____

Date event to take place: _____

Time event will start: _____ Time event will end: _____

Location: _____

Number of people involved: _____ Time it will take to complete event: _____

Will there be speakers or other audible devices used? () Yes or () No

If so, what type? _____

Signature of applicant: _____

Will there be a tent? () Yes () No

_____ () Approved or () Disapproved _____
Chief of Police Date

_____ () Approved or () Disapproved _____
Building Official Date

INSTRUCTIONS TO APPLICANT: Return completed form to the Licensing Department no later than five working days prior to the start of your event. Due to routing procedures, no application will be accepted or considered within five days of the event.