



APPLICATION FOR A SPECIAL EVENT PERMIT

Date of Application: 03/02/2022

Event Title or Type: Military history weekend and memorial service

Location of Event: Sailwinds park

Date(s) of Event: 04/09/2022-04/10/2022

Hours of Event (Actual): 9am-8pm

Name of Applicant: Lewis Palmer Title: Director

If representing an organization or company, name(s): Louisville Naval Museum

Signature of Applicant: *Lewis Palmer*

If application is presented on or behalf of 1 or 2 businesses only, list names of business(es):

Address of Applicant: 831 S. Finley Firehouse Rd. Scottsburg, Indiana 47170

Telephone: 765-377-0297 Email: lewis.palmer@louisvillenavalmuseuminc.org

Expected attendance: 500

Is a street closing being requested? Yes (show on map) No

If yes, what street(s) _____

If yes, indicate street closure & reopen times
(include set up and breakdown time): _____

Is staging or a platform required? Yes (show on map) No Amplification: Yes No

If event is on private property, name of Property Owner: CWDI Holdings, LLC

Will trash barrels & pick-up be provided by event holder? Yes No

Will portable toilets be provided? Yes (show on map) No

Will tent(s) be erected? Yes (show on map) No

Will food be prepared on the premises? Yes No

Will food trucks be present? (list names on back of form) Yes No

Will alcohol be served? Yes No



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ROAD RACE, WALK-A-THON, ETC.

On Roadway? Yes No

On Sidewalk? Yes No

Will temporary signs be posted? Yes No

Signs must be removed by the following business day; no paint is allowed on streets or sidewalks.

Specific Route:

I attached a map showing locations of street closures, vehicles and temporary structures.

For new events, I have attached documentation of notification of the application to all affected businesses and residents, and attest that a majority have supported and/or not objected to this event.

I have read & agree to the City's Street Closures Policy.

FOR OFFICE USE ONLY

Conditions of Special Event Permission: _____

Police Costs: \$ _____ DPW Costs: \$ _____ Other Costs: \$ _____

TOTAL COSTS REQUIRED BY CITY COUNCIL: \$ _____

Recommendations:

Cambridge Police Department Approval Denial

Signature

Rescue Fire Department Approval Denial

Signature

Public Works Department Approval Denial

Signature