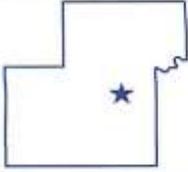


Permit No:



Town Of Spencer
Founded February 12, 1820
Municipal Building
90 N. West Street , Spencer, Indiana 47460
Phone 812-829-3213 Fax 812-829-1567

EVENT REGISTRATION

Board Use Only: Request Approved Request Denied

I. EVENT INFORMATION & APPLICANT INFORMATION

Name of Event:

Date of Event: / /

Group/Entity Sponsoring Event

Location of Event:

Sponsor Group/Entity Address:

Phone No:
() -

City:

State:

Zip:

Time of Event:

Contact Name:

Phone No:
() -

Copy of Drivers License *MUST* Be attached to this application.

II ADDITIONAL INFORMATION

Facilities Requested or Required:

Applicant please check all that apply or needed:

- 1. Barricades -
- 2. Street Closure -
- 3. Parking Meters (anything related to) -
- 4. Water (Cooper Park Only) -
- 5. Other -

I, the undersigned acknowledge and agree that I am an agent and representative of the group or entity identified above and the information contained herein is true and correct. The individual and entity acknowledge and understand that the activities of the sponsoring group are the full responsibility of that entity and that the Town of Spencer does not endorse, support or sanction any of such activities as a municipal government. The organizers, agents and entities involved in the event shall hold the Town of Spencer harmless from all injuries to person or property occurring by reason of the activities sponsored. The Town of Spencer shall have no responsibility for the planning and execution of the activities of the sponsoring entity and is immune from civil liability for the failure of the event to perform or conduct its program as published or promoted.

Signature:

Date:

Printed Name:

THIS SIDE OFFICE USE ONLY

Date Event Form Submitted: ____/____/____

Drivers License attached: Yes No

Permit Fee: = \$ _____ Waived

Paid by: Cash Check Check No: _____

Are there inspections that need to be performed (i.e. electrical,) if so by what department?

All departments will be notified, specific request listed on this application by department listed below:

- Spencer Street Department _____
- Spencer Police Department _____
- Spencer Town Council _____
- Owen County EMS _____
- Owen County Sheriff Department _____
- Owen Valley Fire Territory _____

Additional Notes or Comments _____

Spencer Town Council Approved Event Denied Event

Date approved: ____/____/____

Board Member Signature:

Board Member Signature:

Board Member Signature: