EVENT PERMIT FEE SCHEDULE MOUNT PLEASANT (FOR OFFICIAL USE ONLY)					
Contact:	Phone Number:				
Event Date: Event:					
foot race, bicycle race, of ways, sidewalks or other application must be respecial event and must	tion desiring to conduct a special event or mass gather other activity) affecting the ordinary use of the Crinfrastructure must apply for a permit authorizing ceived at City Hall at least thirty (30) days before be approved by the City Manager. Please refer to Crin	City streets, right-of- g the activity. The re the scheduled ity Ordinance 2017-1014.			
Event Fees					
Special Event Permit (2-249)	\$25.00	Paymer Codes			
Mass Gathering Permit (250+)	\$50.00				
Beer Permit (If selling beer or tickets to event)	\$250.00				
Temporary Structure Use Permit	\$25.00				
Background Check	\$29.00				
	Total Event Fees:	612			
TOTAL P.	AYMENT DUE:				
Notes:					
Notes:	APPROVED				
Notes:	APPROVED X				
☐ Parks Department	X				

City of Mount Pleasant

Special Event / Mass Gathering Application

This application must be filled out completely and submitted to be considered for possible permit.



Any person or organization desiring to conduct a mass gathering of 250 or more people shall submit a Comprehensive General Liability Insurance Policy, or its equivalent, written on an occurrence basis (or yearly basis), with a minimum of one million dollars (\$1,000,000) combined single limit of liability per occurrence for bodily injury, personal injury, and property damage is required. Insurance coverage must include all areas used by the event including any/all assembly areas, routes, disbanding areas and event location(s).

Event Date:	Start Time:	End Time:	
Set Up Date:	Set Up Time:	Set Up Time: End Time:	
Tear Down Date:	Start Time:	End Time:	
# of Participants Expected:	# of Volunteers/Event Staff:		
Type of Activity (Please Select One)			
Festival Concert	Parade Walk	/Run Trade Show	
☐ March ☐ Fair ☐	Carnival Block	R Party Demonstration	
Protest Rally	Exhibit Other	r	
Applicant Name:	ı	Day Phone:	
Organization:			
	Fax:		
Mailing Address:			
Alternate Contact:		te Contact Number:	
Please describe your event in detail and	•	nd all elements of your event that will help	
	ensure its safety for all.		

Food:

Will food be served or sold?	Yes No	What Kind?	
Catered by Restaurant?	Yes No	Who?	
Food Trucks?	Yes No	Who?	
Prepared on Site?	Yes No		
Vendors / Merchants:			
Vendors / Merchants?	Yes No		
Number of vendors/merchants	selling products/foods/se	ervices?	
Entertainment:			
Live Music on Site?	Yes No		
Type of Audio System:			
Fencing or Scaffolding Used?	Yes No		
Temporary Stage?	Yes No		
Dimensions of Stage:			
Utilities:			
Electricity needed?	Yes No		
Origination of Power Source: _			
Portable Toilets?	Yes No		
Garbage Cans / Collection?	Yes No		
Admission Charged?	Yes No		
Propane/Gas/Liquid Use or Sto	orage? Yes	No	
Miscellaneous:			
Tents / Pop-Up Canopies?	Yes No	How Many?	
Temporary Structures?	Yes No	How Many?	
Parade Included?	Yes No	# Of Floats?	
Animals Present?	Yes No		
Approximately how many & w	hat type of animals?		
Alcoholic Beverages Available	e?		
Drawing / Raffle?	Yes No		
Motion Picture / Video Shoot?	☐ Yes ☐ No		

Describe Type of Video Shoot:		
Fireworks / Fire Performance / Open Flame?	Yes No	
Open to Public? Yes N	o	
Private Party / Group?	o	
Please detail block numbers of exact streets		
Trade detail electrification of state sures	, round coming upon und of crossed (if unly).	
the undersigned, certify that the information contained in this appread, understand, and agree to abide by the City's ordinances, traffic regulations governing this proposed Special Event. I also agree to capplicable to this Event. By signing, I acknowledge that I have authorave received, read, and understand the special event ordinance and and incorporated by reference into the signed agreement. If the even information accordingly.	c rules, park rules, state health laws, fire codes, and liquor licensing omply with all other local, state, and/or federal laws that are pority to bind the sponsoring organization and acknowledge that I diagree to be bound by all requirements as stated in the ordinance	
Print Applicant Name:	Date:	
Applicant Signature:		
Submission of this form does not guarantee per processed until the permit fee is paid by	mit will be issued. Permit applications cannot be the applicant, either in person or mailed.	
Please make all checks out to: City of	f Mount Pleasant – Recorder's Office	
If form is being mailed, please address it to:	If form is being hand delivered to City Hall:	
City of Mount Pleasant	City of Mount Pleasant	
Attn: Recorders Office	Attn: Recorders Office	
P.O. Box 426	100 Public Square	
Mount Pleasant, TN 38474	Mount Pleasant, TN 38474	

Please print completed form and bring with you if permit is paid for in person.