



CITY OF ORONOGO
 653 E. CENTRAL
 ORONOGO MISSOURI 64855
 417 673-4541 Voice
 417 673-3246 Fax

Application for Special Event Permit

Fee \$ 25.00 Date _____ Permit # _____

Event Title/Name: _____

Event Sponsor: _____

Authorized Responsible Agent: _____ **Phone:** _____

This permit is valid for _____ from date of issue.

Event Date(s): _____

Event Hours: _____ AM _____ PM

Event Setup Date: _____ AM _____ PM

Event Dismantle Date: _____ AM _____ PM

Will there be temporary signage, balloons, banners or advertising? _____

Will food be sold or given away? _____
**Attach a list of vendors (including food trucks)*

Will merchandise be sold or given away? _____
**Attach a list of vendors*

Cleanup during and after the event:

Who will be responsible for emptying trash cans, removing trash from food and merchandise vender booths and picking up litter in the event area, both during and after event?

Contact Person: _____ **Phone #:** _____

Signature of Applicant

Date