MAYOR'S OFFICE COORDINATORS REPORT

Γ										
OVERAL	L STATUS	s (pl	ease ci	rcle):	<u>APPI</u>	ROVED	DENIED		N/A	CANCELED
Petition #:			Eve	nt Name:						
Event Date	e:					_				
Street Closure:										
Organizatio	Organization Name:									
Street Address:										
Receipt date of the COMPLETED Special Events Application: Date of City Clerk's Departmental Reference Communication: Due date for City Departments reports: Due date for the Coordinators Report to City Clerk:										
Event Elements (check all that apply):										
·			Carnival/Circus			Concert	/Performance		Run/Ma	arathon
□ Bike Race		R	Religious Ceremony			Political	Ceremony		Festiva	I
□ Filming	Е	□ Pa	arade			Sports/F	Recreation		Rally/D	emonstration
□ Fireworks		- C	Convention/Conference			Other: _				
24-Hour Liquor License										
Petition Communications (include date/time)										
** ALL permits and license requirements must be fulfilled for an approval status **										
Date	Departme	ent	N/A	APPROV	'ED	DENIED	Ade	ditio	nal Com	ments
	DPD									
	DFD/ EMS									
	DPW									

Health Dept.

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED				
	Recreation				
	Bldg & Safety				
	Bus. License				
	Mayor's Office				
	Municipal Parking				

Signature: _		
Date:		