

MAYOR'S OFFICE COORDINATORS REPORT

OVERALL STATUS (please circle): APPROVED DENIED N/A CANCELED

Petition #: _____ Event Name: _____

Event Date : _____

Street Closure: _____

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):

- ☐ Walkathon ☐ Carnival/Circus ☐ Concert/Performance ☐ Run/Marathon
☐ Bike Race ☐ Religious Ceremony ☐ Political Ceremony ☐ Festival
☐ Filming ☐ Parade ☐ Sports/Recreation ☐ Rally/Demonstration
☐ Fireworks ☐ 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 | Department | N/A | APPROVED | DENIED | Additional Comments |
|------|--------------|-----|----------|--------|---------------------|
| | 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 | | | | |
| | | | | | |

MAYOR'S OFFICE

Signature: _____

Date: _____