

MAYOR'S OFFICE COORDINATORS REPORT

| | | | | |
|--|------------------------|----------------------|-------------------|------------------------|
| OVERALL STATUS (please circle): | <u>APPROVED</u> | <u>DENIED</u> | <u>N/A</u> | <u>CANCELED</u> |
|--|------------------------|----------------------|-------------------|------------------------|

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**

| |
|---|
| <u>Petition Communications</u> (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: _____