

**CITY OF ABBEVILLE  
SPECIAL EVENT PERMIT APPLICATION**

**MAIL TO:** CITY OF ABBEVILLE – LICENSE DEPT.  
101 NORTH STATE ST.  
ABBEVILLE LA 70510

Please **PRINT** or **TYPE** all information on this form. You must complete an application for each business location. For assistance call 337-898-4213 or visit the office at the above address.

**EVENT TITLE:** \_\_\_\_\_

**LOCATION OF EVENT:** \_\_\_\_\_  
(Attach a site location map defining physical boundaries)

**DESCRIPTION OF EVENT:** \_\_\_\_\_  
\_\_\_\_\_

**EVENT CATEGORY:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Cultural Event   | <input type="checkbox"/> Concert/Performance   | <input type="checkbox"/> Civic Event             |
| <input type="checkbox"/> Historical Event | <input type="checkbox"/> Farmer/Outdoor Market | <input type="checkbox"/> Business Promotion      |
| <input type="checkbox"/> Festival/Fair    | <input type="checkbox"/> Museum Special Event  | <input type="checkbox"/> Religious Event         |
| <input type="checkbox"/> Art Walk         | <input type="checkbox"/> Outdoor Dance         | <input type="checkbox"/> Non-Profit Event/School |

Event Beginning Date: _____	Time Event Begins: _____
Event End Date: _____	Time Event Ends: _____
Anticipated Attendance: Total _____	Per Day _____

**Applicant Information:**

**Organization:** \_\_\_\_\_

**Individual In Charge of Group:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City, State, Zip Code:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Type of Organization:**  Individual  Corporation  Non-Profit  
 Partnership  Governmental  Other

**Do you intend to serve Alcoholic Beverages at this event?** \_\_\_\_\_

**Describe Nature of Business/Items to Sell:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Request for Public Services:** The cost to applicant shall be in addition to the fee charged for the Issuance of the Special Event Permit. A deposit for said services is \$ \_\_\_\_\_ for clean-up and \$ \_\_\_\_\_ for utilities.

**Sign Here:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>	
Approved _____	Denied _____ Pending _____
Paid: _____	_____ Cash _____ Check # _____
Deposits: \$ _____	Clean-up \$ _____ Utilities _____
Issued by: _____	Date Issued: _____

