



CITY OF CHOCTAW
2500 N Choctaw Rd / PO Box 567, Choctaw, OK 73020
Phone (405)390.8198 / Fax (405)390.8607

SPECIAL EVENT PERMIT APPLICATION

Applicant's Name: _____ Phone Number: _____

Applicant's Street Address: _____
Street City State Zip

Name of Organization: _____

Organization's Address: _____
Street City State Zip

Organization's Phone Number: _____

Contact Person's Name: _____

Phone Number: _____ Cell Phone Number: _____

Use of City Property Requested? No Yes Which Facility: _____
(if yes, check for date availability and fill out the Park Reservation Application)

Address of Event: _____
Number and Street

Date(s) of Event: _____ Time(s) of Event: _____

With my signature below, I understand that I must provide a detailed account (Letter of Intent) of the upcoming event with this form, and a Certificate of Insurance, to be presented to the City for approval. I also understand the fees involved will be set by the City and must be paid within seven (7) days after approval. Certificate of Insurance must be presented prior to the event if unavailable at time of application. Key for city facility will NOT be issued without the Certificate of Insurance.

Signature of Applicant

Date

Use of City Property? Yes (Park application attached) No

Do Not Write Below This Line—For Official Use Only

Date Received _____ by: _____

Letter of Intent Yes No Certificate of Insurance Yes No

Deposit Required? Yes No Fee Amount: _____

City Clerk _____ City Manager _____

Police Dept _____ Fire Department _____

Public Works _____ Parks Department _____

Approved Denied Reason Denied: _____

Contingency?: _____

SIGN IN APPROVAL, OR IF DENIED, RETURN TO CITY CLERK INSTEAD OF NEXT DEPARTMENT