



City of Aitkin

Special Event Permit Application

Describe Event:

Applicant: _____

(if the applicant is an organization, name of responsible individual)

Address: _____

Phone: _____

Date (s):

Time (s):

Street closures requested:

Type of assistance requested from: (be as specific as possible)

Street Department staff-

Police Department -

Other: (Fire Dept)

Type of city property or equipment requested:

Liability insurance information:

Agency (contact name and phone #)

Dates of coverage: _____

Must provide insurance certificate with City of Aitkin listed as additional insured if event is held on public property.

Council approval date: _____

Date received: _____

This institution is an equal opportunity provider