Community Center
315 W. 8th Avenue
Stillwater, OK 74074

Office: 405.533.8433
Fax: 405.533.8022
Web: stillwater.org

SPECIAL EVENT PERMIT APPLICATION

Current Date _____

Applications are processed in the order received.

[ ] I have read the City of Stillwater Special Events Guide.

[ ] I have had the required initial conversation with the Special Events Coordinator about my event.

Event Name (without acronyms)_____

Organization Name (without acronyms)_____

Expected Number of Participants _____

Event Coordinator(s) _____

Address _____

Email Address _____

Landline Phone _____ Cell Phone _____Fax_____

Event Start: Day/Date_____ Time _____

Event End: Day/Date _____ Time _____

Setup: Day/Date _____Start Time _____End Time_____

Teardown: Day/Date _____ Start Time _____End Time_____

Street Closure Times (if applicable)

Closure: Day/Date_____ Time _____

Reopening: Day/Date _____ Time _____

Event Description (activities, exact location, address). **Submit an event site map.**

_____
_____
_____
_____

Is this an annual event? _____ If yes, how many years? _____

Event Includes: (check all that apply)

☐ Block Party	☐ Street Closure	☐ Non-Residential Area
☐ Alcohol Sales	☐ Amplified Sound	☐ Athletic Event
☐ Low-Point Beer Sales	☐ Live Entertainment	☐ Water
☐ Food Sales	☐ Electrical Wiring	☐ Other
☐ Merchandise Sales	☐ Generator(s)	_____
☐ Street Activities	☐ Residential Area	_____

Number of Tents _____ Size of Tent(s) _____

Number of Attendees _____ (Estimate to the best of your ability)

Primary Contacts (during event)

Name: _____ Name: _____

Mobile: _____ Mobile: _____

Email:_____ Email:_____

Event Organizer Signature & Date _____

FOR CITY USE:

Staff Comments:_____
_____
_____

Special Events Coordinator Signature & Date _____

Permit Approved ☐ **Permit Denied** ☐