CITY OF KEY WEST APPLICATION FOR A SPECIAL EVENT PERMIT

Name of Applicant(s)	of	Keli	Wos	+			
Address of Applicant(s) Phone Number of	W	nite	Sha	et			
Applicant(s)and emergency number 305	80	09 - 3	388	<u> </u>			
Name of Non-Profit(s)						88	
Address of Non-Profit(s)		<u> </u>					
Phone Number of Non-Profit(s)							
Amount or Percentage of Revenue Non-Pr	rofit(s)	anticipa	ites rece	iving	NA		
Date(s) of Event Dec 2,20	17			_			
Hours of Operation 7:00 pm -	10'	1a OC	n				
Estimated/anticipated number of persons p	er day						
Location of Event Rolling Par							
Street Closed							
Detailed Description of Event:	y Par	rade :	stanti	nc On	White	5 Thi	MAN
ine up at Virginia, Jose	ma	rti.	TEI	iman	Augn		J O(001 1
List of Businesses that will participate in A	lcohol	Exemp	ion:		7709610		
Noise exemption required: Yes	No	V					
Alcoholic beverages sold/served at event:	Yes		No	M			
Recycle Deposit \$1000.00	Yes		No	M			
Cooking oil recycled	Yes		No	M			
Recycled containers	Yes		No	M			
accounting of items recycled				(1)			
* Measures							

The applicant does ac knowledge and hereby affirms that any and all information is accurate to the best of his/her knowledge. The applicant(s)/permitee agrees to assume full responsibility and liability for and indemnify, and suits for or by reason of any injury to any person or damages to any property of the parties hereto or of the third persons for any and all cause or causes whatsoever or in any way connected with the holding of said event or any act or omission or thing in any manner related to said event and its operation irrespective of negligence, actual or claimed, upon the part of the City, their agents or employees.

Applicant(s) Signature

Date

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CITY OF KEY WEST SPECIAL EVENTS DEPARTMENT

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	EVENT: Holiday Pa	rate
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CITY OF KEY WEST SPECIAL EVENTS DEPARTMENT

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CITY OF KEY WEST SPECIAL EVENTS DEPARTMENT

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CITY OF KEY WEST SPECIAL EVENTS DEPARTMENT **APPROVALS**

EVENT: _	Holiday Parade	2
DATES:	Dec 2,2017	
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EVENTS (INITIAL SIGNOFF	7)	
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