



SPECIAL EVENT PERMIT APPLICATION

1. APPLICANT'S INFORMATION:

Applicant's Name

Applicant's Home Address

Telephone Number

Contact Person/Agent Name

Contact Person/Agent Telephone Number

2. EVENT INFORMATION:

Date of Event

Location of Event

Starting Time of Event

Ending Time of Event

Estimated # of Participants

Description of Event – *If requesting the closing or use of city streets, please provide a map clearly marking the streets to be used.*

Will food be sold or given away? Yes No

If yes, please ensure that all vendors adhere to regulations of the Chatham County Environmental Health Department.

NOTICE: The City of Pooler may impose special stipulations of approval, including but not limited to, the requirement to hire adequate off-duty police personnel to ensure public safety.

Applicant's Signature

Date

Date Submitted: _____ Fee Paid: \$ _____ Date Scheduled for Council Meeting: _____

Approved Denied Special Stipulations: _____

Mayor's Signature: