



PERMIT APPLICATION - OUTDOOR PUBLIC ENTERTAINMENT

CITY OF NAPOLEON, OHIO

(Per Chapter 739 of the City of Napoleon Codified Ordinances)

Required, if any operator, sponsoring agent or entertainer(s) profit from the amusement, carnival, concert, fair, festival or similar enterprise, or when such activity is held on public property. Governmental Entities are exempt from this permit.

1. APPLICANT (Person Permit To Be Issued To):

NAME (LAST, FIRST, INITIAL):	ADDRESS:	
CITY, STATE, ZIP:	STATE ID NUMBER:	
PHONE NUMBER:	BUSINESS PHONE NUMBER:	

2. OPERATOR(s) [Owner, Director, Manager or Operator of Entertainment]:

NAME/ORGANIZATION:	ADDRESS:	
CITY, STATE, ZIP:	BUSINESS FEDERAL I.D. NO.:	BUSINESS PHONE NO.:
CONTACT PERSON:		

3. SPONSORING AGENCY (If Different Than Operator(s)):

OWNER NAME:	ADDRESS:	
CITY, STATE, ZIP:	PHONE NUMBER:	STATE ID NUMBER
OWNER NAME:	ADDRESS:	
CITY, STATE, ZIP:	PHONE NUMBER:	STATE ID NUMBER

4. Type of Entertainment: _____

Date(s): _____ Time - From: _____ To: _____

Location of Event: _____

(General Information: Permit Issued Is Non-Transferable, Requested Date shall Not to Exceed Seven (7) or Ten (10) Days, Depending on Location; Sanitary and Security Conditions must be met at all times. Permissible requested times are as follows: 10:00 a.m. - 11:00 p.m. Sunday thru Thursday and 10:00 a.m. - 12 Midnight Friday and Saturday.)

Under the penalty of law, I, _____, applicant for license, hereby state that I am the proper applicant and that the facts contained in the above application are true and correct and the answers are complete to the best of my knowledge and belief.

APPLICANT SIGNATURE

DATE

~ BOTTOM SECTION TO BE COMPLETED BY CITY STAFF ~

\$3,000 Security/Performance Bond or Certified Check Received (to assure cleanup of premises):

Required when activity is held on public property or when public property may be affected.

Yes/Date _____ No Not Required

Certificate of Insurance (\$1,000,000 Personal Injury and \$500,000 Property Damage) and naming City as Additional Insurer on File: Required when activity is held on public property or when public property may be affected.

\$35.00 NON-REFUNDABLE APPLICATION FEE RECEIVED: _____ (DATE)

5. STAFF REVIEW.

ZONING: ALL CODE REQUIREMENTS MET ~ YES NO

IF NO, LIST VIOLATION(S): _____

SIGNATURE

DATE

FIRE DEPARTMENT: ALL CODE REQUIREMENTS MET ~ YES NO

IF NO, LIST VIOLATION(S): _____

SIGNATURE

DATE

POLICE DEPARTMENT: SECURITY CONDITIONS MET OR TO BE MET ~ YES NO COMMENTS:

SIGNATURE

DATE

PUBLIC WORKS DEPARTMENT:

SANITARY CONDITIONS MET OR TO BE MET ~

Yes No COMMENTS:

SIGNATURE

DATE

CITY MANAGER: PERMIT ISSUED ~ YES NO IF NO, REASONS: _____

SIGNATURE

DATE