

MERRICK COUNTY

PO Box 27, Central City, NE 68826
402-604-1357 hcam@hamilton.net

APPLICATION FOR SPECIAL EVENT PERMIT

1. Name of Applicant: _____
2. Address: _____
3. Phone Number & Email: _____
4. Address & Legal Description of Property: _____

On a separate sheet of paper, please provide the following information.

- A. A description of event:
- B. Date(s) of Event:
- C. Time of Event Operation:
- D. Will alcohol be sold or allowed at the event? If yes, have you obtained a liquor license?
- E. How will you ensure compliance with all laws pertaining to alcohol during the event?
- F. Will there be any evening/night events (bands, DJ, fireworks, dance, etc.)? If so, what is the ending time?
- G. How do you plan on handling the traffic to ensure the safety of people entering and leaving the event?

THE ABOVE STATEMENTS AND ACCOMPANYING MATERIAL ARE COMPLETE AND ACCURATE

Applicant Signature Date

Landowner Signature Date

A fee of \$50 must accompany this application.

Planning Commission: Approve: _____ Deny: _____

Signature of Chair: _____ Date: _____

Governing Body: Approve: _____ Deny: _____

Signature of Chair: _____ Date: _____

Zoning Administrator: _____ Date: _____