



**CITY OF COBURG
Special Event Application**

Date Received _____ Application Number _____

Applicant Information

Applicant Name _____ Applicant Phone _____

Applicant Address _____ Fax Number _____

Mailing Address (If different than above) _____

Contact Person (If different than applicant) _____

Special Event Information

Special Event Location _____

Address (If applicable) _____

Projected City Staff Needed _____

Date of Special Event _____ Event Hours _____

Will Alcoholic beverage be served: Yes No

List of official special event vendors

Please include a list of all official special events vendors known at the time of submission, which list shall be updated to include a final complete listing of all such vendors prior to the start of the special event.

**Application and License Fees (Resolution No. 2005-18)
Adopted August 9, 2005**

Special Event Application Fee \$200

License Fee Varies

“Actual extraordinary City Costs as determined and billed by the city (Section 5.D.(5))”

I hereby certify that the statements and information contained in this application, including any attached documents, are in all respects true and correct. In accordance with Ordinance No. A-198 and Resolution No. 2005-18, I agree to pay all application and license fees.

Applicant Signature _____ Date _____

Permit Approval/Denial (for office use only)

Application Approved (Permission is granted to proceed with request)

Application Denied because _____

Signature of Authorizing Official _____ Date _____

**CITY OF COBURG P.O. BOX 8316 91069 NORTH WILLAMETTE STREET
COBURG, OREGON 97408 PHONE 541-682-7850, FAX 541-485-0655**