CITY OF NEWTON

City Clerk
108 North Van Buren Street, Rm. A
Newton, Illinois 62448
www.cityofnewtonil.com

Incorporated City 1887

Phone (618) 783-8451

SPECIAL EVENT APPLICATION

Date of Application:					
Name of Organization Spons	soring Event:				
Type of Organization:	(Example: religious, ch	aritable, educational, frater	nal, etc.)		
Contact Representative:					
Contact Address:				ss:	
Special Event: Parade	Bike Tour	Run/Walk	Cruise	Circus	
Tournament Oth	er			(please describe)	
Name of Event:		Reason for Event	:		
Date of Event:	Hours of Event:				
Fees charged for Event:	(Example: Parking, entry for	ees, tickets, concessions, cover cha	urge, etc.)		
City Property to be used:	(Example: Park name, stree	et closing, building, etc.) (Atta	ach additional pages if neede	ed.)	
Are street closures required:	Yes No	(Attach maj	p of route, if applic	eable.)	
If ves. which streets?					

Point of Assembly:		Start time:	Finish time:
Estimated No. of People:	No. of Floats:	No. of Bands:	No. of Cars/Trucks:
Will traffic be monitored? Ye	esNo		
Barricades needed? Yes	NoIf yes, Ho	w many?	
Attach map of intersections v Department for a time a mem 783-8511			
Insurance Provider:	(Attach	Certificate of Insurance	/ \$1,000,000 minimum liability)
Special Requests			