



**PRESTONSBURG
KENTUCKY**

**CITY OF PRESTONSBURG
SPECIAL EVENTS PERMIT APPLICATION**

Application must be received 1 week prior to event date.

EVENT NAME: _____

EVENT DATE: _____

EVENT TIME: _____

DESCRIPTION OF EVENT (Be specific.): Attach fliers, brochures and/or additional sheets as needed.

EVENT PRODUCER: (Name of individual, group or organization producing event – agency with which event is contracting.)

PRIMARY CONTACT: (Person who should be contacted regarding the application, event or in case of an emergency.) _____

CONTACT ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PRIMARY PHONE CONTACT INFORMATION:

Day Phone: _____ EMAIL: _____

ORGANIZATION/GROUP TYPE: Check the box below that best describes your organization/group.

Registered for-profit Non-profit Charitable

Other (describe): _____

1) The approval process takes approximately 1 week. This includes sending application in for approval. Once the application is approved, you will be notified by email.

Signature and title of applicant: _____ Date: _____

Return to:
Prestonsburg City Hall
Attn: Special Events Liaison
200 North Lake Drive, Prestonsburg, KY 41653