



City of Wilmington Application for Special Event Permit

RETURN COMPLETED APPLICATION 45 DAYS PRIOR TO THE ANTICIPATED EVENT

Organization/Subdivision Name: _____

Address: _____

Phone: _____ Email: _____

Name or Type of Event: _____

Event Description: _____

Location or Route of Event: _____

Entertainment: Yes No If yes, what type? _____

Will liquor be consumed at this event? Yes No If yes, a liquor license must be applied for.

Date of Event: _____ Starting Time: _____ End Time: _____

Number of Persons Expected: _____ Area Blocked Off: _____

Name of Person in Charge of the Event: _____

Address: _____

Phone: _____ Email: _____

Organizer's Signature: _____ Date: _____

◆◆◆◆◆ For Office Use Only ◆◆◆◆◆

Application Approved Denied

Reason for Denial (if applicable): _____

Signature of Chief of Police

Date

Immediately upon granting this permit, the Chief of Police shall send a copy to the following:

- Mayor Deputy City Clerk ESDA Public Works
- City Administrator Fire Chief WESCOM