

CITY OF PRIEST RIVER

P.O. Box 415; 552 High Street
Priest River, Idaho 83856
(208) 448-2123
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SPECIAL EVENT APPLICATION

Event Name: _____

Event Location: _____ Date(s) of Event: _____

Name of Sponsoring Person or Organization: _____

Address: _____ Phone Number: _____

Contact Person: _____ Contact Phone Number: _____

Contact Person Address: _____

Description of Event:

Will it be necessary to block streets? Yes No

Which Streets? _____

Anticipated Number of Vendors: _____

Anticipated Number of Participants (floats, cars, etc.): _____

Anticipated Number of Spectators: _____

Please Check One:

Restrooms will be available at event location.

Portable Restrooms will be provided as follows:

1-25 Participants - 1 Restroom 26-50 Participants - 2 Restrooms 50+ Participants - 3 Restrooms

Date Restrooms Will be Delivered: _____ Company Delivering Restrooms: _____

Applicant Signature Date

Public Works WPOFD

Approved: Not Approved:

Chief of Police Date

City Clerk Date