



CITY OF CHOCTAW
2500 N Choctaw Rd / PO Box 567, Choctaw, OK 73020
Phone (405)390.8198 / Fax (405)390.3332

SPECIAL EVENT PERMIT APPLICATION

Applicant's Name: _____ Phone Number: _____

Applicant's Street Address: _____
Street City State Zip

Name of Organization: _____

Organization's Address: _____
Street City State Zip

Organization's Phone Number: _____

Contact Persons Name: _____

Phone Number: _____ Cell Phone Number: _____

Use of City Property Requested Yes No Which Facility: _____
(if yes, check for date availability and fill out the Park Reservation Application)

Address of Event: _____
Street City State Zip

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

With my signature below, I understand that I must provide a detailed account (Letter of Intent) of the upcoming event with this form, and a Certificate of Insurance, to be presented to the City Council for approval. I also understand the fees involved will be set by the City Council and must be paid within seven (7) days after Council approval. Certificate of Insurance must be presented prior to the event if unavailable at time of application. Key for city facility will NOT be issued without the Certificate of Insurance.

Signature of Applicant

Date

Do Not Write Below This Line—For Official Use Only

Use of City Property Yes (application attached) No

Letter of Intent Yes No Certificate of Insurance Yes No

Date of Council Meeting: _____ Fee Amount: _____

Approved Contingent On: _____

Denied Reason Denied: _____