

City of Venice

Special Events/Use of Public Space Pre-Application

Please complete this application to assist the City in assessing the requirements and expectations for your event.

Name of Event

Proposed Location

Proposed Date

Proposed hours of operation; If multiple days, indicate the hours of operation for each day

Briefly describe the proposed event

Put a check mark for all that apply to your event:

Answer the following; if not known, provide your best estimate:

☐ Alcohol will be served

Projected number of patrons/guests/participants _____

☐ Live or recorded music

Estimated number of motor vehicles _____

☐ Fireworks

☐ Open fires

☐ Tent(s); If yes, approximately how many? _____

Need for public road closure or traffic detours (If checked, indicate roads impacted) _____

Submitted by (please print)

Date Submitted

CONTACT INFORMATION (please print)

Name

Address

E-mail

Phone

Name

Address

E-mail

Phone