

**PENOBSCOT COUNTY
UNORGANIZED TERRITORY
SPECIAL EVENT PERMIT APPLICATION**

Application Date: _____

EVENT ORGANIZER/COORDINATOR INFORMATION

Name of Organization: _____

Name of Contact Person for Event: _____

Title of Contact Person: _____

Mailing Address: _____

Daytime Telephone: _____ Cell Phone: _____

Email Address: _____

Contact Name and Cell Phone Number DURING the Event: _____

EVENT INFORMATION

Name of Event: _____

Type of Event (walk, festival, concert, outside music and/or dancing): _____

Description of activities that will take place during the event: _____

Date of Event: _____ Rain Date: _____

Times: Start Time (including set-up): _____ End Time (including clean up): _____

Actual Event Start Time: _____ Actual Event End Time: _____

Estimated Attendance: _____

Location Address: _____