

City of Holts Summit

213 S. Summit Drive

PO Box 429

Holts Summit, MO 65043

Phone (573) 896-5600

Fax (573) 896-4115



Application for Special Use Permit

(use separate sheet if more room is needed)

NAME OF EVENT:		
NAME OF EVENT LAST YEAR:		
DESCRIPTION OF THE EVENT		PARK(S)/FACILITY TO BE USED (be specific)
DAYS/DATES	SET-UP TIME: (start)	CLEAN UP TIME: (end)
EVENT HOURS:		
ANTICIPATED ATTENDANCE PARTICIPANTS:		SPECTATORS:
BATHROOM PROVISIONS:		
(attach notification of events to Holts Summit Fire Protection District and Ambulance District if applicable)		
ORGANIZATION'S NAME:		
REPRESENTATIVE'S NAME:		
ADDRESS	STATE	ZIP CODE
PHONE:	EMAIL:	
METHOD OF PAYMENT		
CREDIT CARD: _____ CHECK# _____ CASH _____ RECEIPT _____		
NAME ON CARD: _____ CARD# _____		
EXP. DATE: _____	SIGNATURE: _____	
TOTAL RECEIVED: \$ _____	DATE RECEIVED: _____	