

**City of Taylor**  
**2021 EVENT PERMIT APPLICATION**  
**EMERGENCY Number for Assistance during event (734) 280-8709**  
**Non-Emergency Number for Assistance (734) 374-8900 Option 2**

Event Date: \_\_\_\_\_ Type of Event: \_\_\_\_\_

Event Location: \_\_\_\_\_

Event Hours: \_\_\_\_\_ Number of Participants: \_\_\_\_\_

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Will beer or wine be served at this event?	Yes _____ No _____
<i>(No hard liquor is allowed in any city parks. Alcohol may not be served to anyone under the age of 21) Taylor Code Sec.20-64</i>	
Will there be live or recorded entertainment?	Yes _____ No _____
<i>*If you have checked "Yes" on either item, please attach completed event permit. Items are allowed pending approval by the Director of Parks and Recreation.</i>	
Will you have any bounce house type entertainment?	Yes _____ No _____
<i>*If "Yes" an insurance certificate is required, meeting city requirements for amusement devices.</i>	
Additional Information: _____	
<b><i>* Items are allowed pending approval by the Director of Parks and Recreation. You will be emailed a copy of your approved permit, please make sure you provide an accurate email address</i></b>	

Additional Information: \_\_\_\_\_  
(You may attach a second page with additional information if necessary)

***The Parks & Recreation Department reserves the right to cancel the permit at any time without refund or reinstatement. The Department will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, martial status, disability or political beliefs. If you need help with reading, writing, hearing etc. under the American with the Disability Act, you may make your needs known to this department.***

***I certify that all information provided about my event is complete and accurate. In signing I agree to be fully responsible for any/all under-aged consumption of alcohol.***

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_  
-----For Office Use Only-----

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Director Signature \_\_\_\_\_ Date \_\_\_\_\_