City of Sabetha

Special Event Permit Application

Return this form with minimum payment of \$100 to the City of Sabetha (number of boats/kayaks exceeding 10 is an additional \$10 each)

Please Print:

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		ble:	
pe of Activity:	P. COA TICK		
ent Date:	Event Time:	No. alian Manada	
		Parking Needs:	
ımber of Boats/Kayaks Par		so, specify:	
ctrance ree amount to be co	ant for see note above for addit	ional charges* no tournaments on holiday w	 veeker
the City of Sabetha for dar	mage or loss of property and injur	bove, I do hold blameless, protect and indemn y or loss of life resulting from specified herein	and
		ull responsibility for any damage to the facilitie	
		ter, vandalism, and reckless damage resulting	į
	ertify that all the above information	on is true and correct, to the best of my	
knowledge.			
	formation of two authorized orga	anization representatives:	
First Name:	Last Name:		
Phone:	Email:		
Street Address:	and the second s		
City:	State:	Zip:	
Signature:	Date:		
First Name:	Last Name:		
Phone:	Email:		200 000 000000
Street Address:			
City:	State:	Zip:	
Signature:	Date:		
	Fees are non-refundable after	r permit issuance	25
For office use only			
For office use only Date Received:	Event Date:	Fee Received:	

CITY OF SABETHA

805 Main P.O. Box 187 Sabetha, Kansas 66534 (785) 284-2158 FAX (785) 284-2112 www.cityofsabetha.com

