

CITY OF ROSEBURG, OREGON

900 SE DOUGLAS AVE • ROSEBURG, OR 97470 • PH: 541-492-6866 • EMAIL: info@cityofroseburg.org



COMMUNITY EVENT APPLICATION

All fees are non-refundable

A minimum of 7 days review time is required

All supplemental permits, approvals and/or inspections must be executed before the EVENT begins, be on hand at the EVENT and presented should City Staff request to inspect.

EVENT INFORMATION		
Name of Event:		
Address of Event:		
Type of Event:		
<input type="checkbox"/> INDOOR EVENT (TENNIS CENTER/ARTS CENTER)		(Addendum A)
<input type="checkbox"/> OUTDOOR EVENT (TENNIS CENTER/ARTS CENTER)		(Addendum B)
<input type="checkbox"/> CONCERT/LOUDSPEAKER		(Addendum C)
<input type="checkbox"/> PARADE <input type="checkbox"/> BIKE RACE <input type="checkbox"/> WALK/RUN		(Addendum D)
<input type="checkbox"/> FACILITIES USE (PARKING LOTS/PARKING GARAGE/AIRPORT)		(Addendum E)
<input type="checkbox"/> TEMPORARY GATHERING		(Complete and sign this application cover sheet only)
<input type="checkbox"/> OTHER (describe) _____		
(Contact Staff in City Administration for Appropriate Addenda to be completed in addition to the application cover sheet.)		
<input type="checkbox"/> WITH ALCOHOL (See Requirements in applicable Addendum)		
NOTE: Outdoor events, parades, bike races and walk/runs require a Site Map. See Addendum F for requirements.		
Date(s) of Event:	Hours of Operation:	Total Number of Days:
Expected Attendance:	Is this a Non-Profit Event?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is the City a sponsor for this event?	<input type="checkbox"/> YES <input type="checkbox"/> NO	

CONTACT INFORMATION		
APPLICANT INFORMATION: (Authorized Agent of Sponsor and Primary Contact for Event)		
Organization Name (if applicable):		
Contact Name:	Phone Number:	
Mailing Address:		
City:	State:	Zip:
Email Address:		
DAY-OF-EVENT COORDINATOR		
Contact Name:		
Email Address:	Phone Number on Day of Event:	

SIGNATURE (for TEMPORARY GATHERING PERMIT ONLY)	
Applicant's Name: (Please Print)	Date:
Applicant's Signature:	Phone Number:

APPROVALS
CITY MANAGER OR DESIGNEE: _____ DATE: _____