City of Manistique
300 N. Maple Street, PO Box 515
Manistique, Michigan 49854
(906)341.2290 (906)341.2090

_____
Date Received

SPECIAL EVENT PERMIT APPLICATION

Application: _____
Name of Sponsor Non Profit ID #

_____
Address City/Zip

_____
Business Fax Number

Person in Charge of Activity: _____
Name

_____
Address City/Zip

_____
Business Phone Home Phone

Event:
(Type and Location) _____

Est. # of Participant's: _____

Dates: From _____20_____ To_____20_____

Hours of Operation:

Set Up _____ to _____
Event_____ to _____
Clean Up _____to _____

Special Request: _____
_____
_____
_____