

Facility Use Application and Permit City of Marysville cdd@marysville.ca.us 530-749-3902

WWW.MSVLCDSD.ORG/APPLICATIONS

## **EVENT INFORMATION**

1.Name of Organization:							
2. Date and Time of Use:	Facility: Bryant Field						
3. Anticipated Attendance:							
4. Alcohol Served: O Yes O No	Over 21 Only Event: O Yes O No						
I	f No - A Safety Security Plan is Needed						
5. Street Closures 🔿 Yes 🔿 No 🛛 If no skip to question #6							
Days of Requested Closure:							
Times of Requested Closure:							
Fees Collected:〇 Yes 〇 No\$50 per block							
6. Food Vendors O Yes O No If no skip to #7							
Contacted Environmental Health: O Yes O No	EnvironmentalHealth@yuba.gov						
7. Liability Insurance Form Submitted: $\bigcirc$ Yes $\bigcirc$ No							

## **CONTACT INFORMATION**

Contact Person:	
Mailing Address:	
Cell Phone:	Phone Number:
Email Address:	
Signature:	Date:

## FOR OFFICIAL USE ONLY

DE	PARTMENT	INITIALS/ D	ATE	RECOMMENDATIONS	
	Police Chief				
	Public Works				
	CDD				
	Fire				
Event	Approved: 🔿 Yes	O No	Signature:		Date: