City of Danville
Special Event Permit Reconciliation Report

EVENT ORGANIZER: _____ CONTACT NUMBER(S):_____

EVENT DATE(S):_____ NAME OF EVENT: _____

(Please submit to the City of Danille Finance Department no later than 20 days after the date of the event or deposit will be forfeited in full.)

Business Name	Address	City	State	Zip	# of spaces/permits	Addition/Cancellation	Reason for Cancellation
				TOTAL DUE TO CITY/REFUND			

Questions can be directed to Leigh Compton, 859-238-1200, ext 2340, or Email: lcompton@danvilleky.gov

For Office Use Only:

Amount Received: $_____ Date Received:_____