City of Danville
Special Event Permit Reconciliation Report

EVENT ORGANIZER:_____ Contact Number(s):_____

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

(Please submit to the Codes Enforcement Office 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 Bridgette Lester, 859-936-6840, or Email: blester@danvilleky.org

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For Office Use Only:

Amount Received: $_____ Date Received: _____