

City of Danville
Special Event Permit Report

EVENT ORGANIZER: _____ **Contact Number(s):** _____

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

Business Name	Address	City	State	Zip	# of booths/stalls/spaces (\$25 each)	Total Due	BUSINESS LIC #
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TOTAL DUE						\$ -	

Please return this spreadsheet and payment to the Codes Enforcement Officer 5 business days prior to the event.
Questions can be directed to Bridgette Lester, 859-936-6840, or Email: blester@danvilleky.org

For Office Use Only:

Amount Received: \$ _____

Date Received: _____