

Permit Application

(Please fill out completely.)

Organization: Honorable Sacred Knights Event Name:
Mission of Organization: Education 1st amendment.
Contact Person: Robert Morgan
Street Address: P.O. Box 836
City: Madison State: IN Zip Code: 47250
Daytime Phone: (812) 777-2991 Cell or Alternate Phone: ()
E-mail Address: HonorableSacredKnights@yahoo.com

Activity Description

Be Specific -- Describe below or attach a separate sheet if necessary.

education and public speaking

Courthouse Square

Describe, specific, location you are requesting use. Include written description below and/or attach a facility map with specific location designated.

Courthouse square (police specified).

Activity Date(s) and Time(s)

Event Date: 5/25/19 Start Time: 1pm End Time: 3pm.
Set-up Time Begins: 1pm.

If applicable, describe setup using separate sheets. Examples include: specific type of entertainment, names of performers, and schedule of activities; name of sound company; number and type of vendors; names of companies providing tents, booths, tables and chairs, port-a-lets and dumpsters, etc.

Number of Attendees

Projected Attendance: 10-20+

Admission/Participation/Attendance Fees Are Not Permitted

Courthouse Square Support Requests

Please indicate below specific activity support requests to be provided by Courthouse Square. User fees may apply.

Specific Electrical Requirements: N/A

Estimated number of participants: 10-20+

Have you requested a Courthouse Square permit before? NO When?

By completing this application, you affirm that you have read and agree to adhere to the attached rules and regulations

Courthouse Square OFFICE USE ONLY

Date Application Received: 2-12-19

Permit Approved: [Signature] Permit Declined:

Approved/Declined By:

User Fees Required:

Security Deposit Required:

Insurance Required:

Contact: Wanda Willis @ 937.477.5268

Email: w2eventsolutions@live.com