

Town of Ridgeway Special Events Ordinance Permit

Date of Event _____ Contact Person _____

Address: _____

Name of Event _____ Event Sponser _____

Email _____ Phone _____

Start Time _____ Approx. End Time _____

Number of Participants _____

Beer/Liquor Present Yes No

Name of Roadways to be used during event: _____ A map of the route must be included

List any rest stops and their locations: _____

Is this event a race yes no Is this event timed? Yes No

Certificate of Insurance Provided? Yes No

Description of Event: _____

Residents Notified yes no Strongly recommended for safety issues.

Signature of Applicant _____ Date _____

Town Board Signatures _____ Date _____