



City of North Little Rock
Event Application

Applicant:

Name: _____ Phone: _____

Address _____

City: _____ State: _____ ZIP: _____

Organization: _____

Address: _____

City: _____ State: _____ ZIP: _____

Chief Officer (local) _____

Title _____ Phone _____

Has the applicant conducted previous events: _____ When _____

Where: _____

Event:

Location: _____

Date(s) _____

Time Begin _____ Time End _____

Description of event: _____

Attendance estimate: _____ Expected age range _____

Will alcoholic beverages be: sold? _____ served? _____ allowed? _____

Alcohol Beverage Control permit holder: _____

Charity benefiting from Alcoholic Beverage Sales: _____

Traffic:

What is the parking plan for the event? _____

Will the event require the closing or obstruction of any public streets? Yes No

What street is requested for closing? _____

Beginning intersection: _____ Ending intersection: _____

A detailed description and maps of necessary closure or obstruction must be submitted. Fax a copy to (501) 791-8516 or email a copy to NLRNeighborhoodServ@northlittlerock.ar.gov.

Sanitation:

Will toilet facilities be available? Yes No

Will portable toilets be used? Yes No Number anticipated _____

Describe the number and location of additional receptacles for trash and other refuse if needed or required.

What provisions have been made for cleaning and restoration of the facility and/or area after the event? (including parking and egress/ingress areas)

****Applicant is responsible for cleanup****