

**CITY OF COLDSPRING
P.O. BOX 247
COLDSPRING, TX 77331
P: (936) 653-3289
F: (936) 653-5278**

PUBLIC EVENT PERMIT APPLICATION

Name of person, Sponsor, Group, or Organization

Address _____ **Mobile** _____

City **State** **Zip**

Date of Event **Time of Event (Start to end)**

Route of Proposed Event: _____

www.english-test.net

Description of Proposed Event: _____

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Will the event occupy all or only a portion of the width of the streets proposed to be traversed or occupied?

Location by streets of any assembly areas:

Digitized by srujanika@gmail.com

Time at which units will begin assembly: _____

Interval of space to be maintained between units: _____

Comments: _____

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For more information, contact the Office of the Vice President for Research and Economic Development at 515-294-6450 or research@iastate.edu.

Permit Fee: \$25.00

This fee shall be non-refundable fee regardless of whether the permit is granted or denied.

Cleanup Fee: \$100.00 This fee is due when you book the service and is non-refundable.

This fee shall be refundable if permittee cleans the event area.

Insurance: _____ **(Yes or No)** **Amount:** _____