



EVENT APPLICATION

City of Angola

210 N. Public Square, Angola, Indiana 46703 | Ph. 260.665.7465 | Fax: 260.665.9164 | downtown@angolain.org

APPLICANT/ORGANIZATION INFORMATION

Name/Organization _____

Applicant

Address _____

Phone / Email _____

Event

Name _____

Manager

Address _____

*If same as above
write same*

Phone / Email _____

EVENT

Event Name _____

Location _____

**Provide a map of the event area along with what will be located in each area (food trucks, vendors, music, etc.)*

Event

Date/Time: _____

Event Type &

Expected

Attendance _____

*Describe briefly what
will be offered at your
event*

EVENT SAFETY

Event Liability Insurance? Yes No

**Provide a copy of liability insurance*

Incident Briefing forms are required to be completed 2 weeks prior to the event. Please coordinate with Lee Greenamyre, Director of Steuben County Emergency Management at (260)668-1000 Ext: 3400 or emergencymanagement@co.steuben.in.us

At a minimum Form ICS 201 of Incident Briefing forms must be completed. Forms may be found at <https://training.fema.gov/icsresource/icsforms.aspx>

APPLICANT SIGNATURE

I affirm that the information provided is true, correct, and complete to the best of my knowledge. I am responsible for the information on this application. The event listed is also in compliance with the laws of the State of Indiana. For more information see their website at <http://www.in.gov/dhs/3552.htm>.

Signature of Applicant

Printed Name

Date

Signature of Applicant

Printed Name

Date

OFFICE USE ONLY

Date Received: _____ Received by: _____