



**CITY OF MIDDLETOWN**  
**SPECIAL EVENT PERMIT APPLICATION**  
11803 Old Shelbyville Road  
Middletown, Kentucky 40243  
502-245-2762

Permit Number: \_\_\_\_\_  
Event Date: \_\_\_\_\_  
Fee: \_\_\_\_\_  
Approved: \_\_\_\_\_

Permits must be submitted for review at least 30 days prior to an event. The city may take up to 14 calendar days to review. The fee for a permit is \$50, if a non-profit, the fee is \$25.

Requester Information	Permit Information
Name: _____	Event location: _____
Organization: _____	_____
Address: _____	Purpose/type of event: _____
City: _____ Zip: _____	_____
Phone: _____	Date of Event: _____
e-mail: _____	Event start and end time: _____
On scene contact _____	Anticipated attendance number: _____
Phone: _____	_____

*\*All block parties must have a signed petition encompassing 80% of the property owners with the footprint of the closure*  
*\*It is the sole responsibility of the event coordinator to provide the required number of volunteers for the selected route.*

Emergency Medical Services: EMS must be provided for events with 500+ attendees.

Name of provider: \_\_\_\_\_ Phone: \_\_\_\_\_

Signs/Banners: follow regulations on for the City of Middletown: [www.cityofmiddletownky.org](http://www.cityofmiddletownky.org)

Event Clean Up: Ensure that you event is litter free. All property adjacent to the event site should remain litter free as well.

Traffic Control: \_\_\_\_\_ off duty Police Officer \_\_\_\_\_ Private Traffic Control

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

*\*Attach a written traffic control plan with a site map*

Security: \_\_\_\_\_ Off duty Police Officer \_\_\_\_\_ Private Security Company

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

On scene security contact: \_\_\_\_\_ Phone: \_\_\_\_\_

*\*Event producers must provide adequate security for event management and crowd control. MPD may determine number required.*

Describe your security plan: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In signing this application for the permit sought hereunder the applicant acknowledges that the above provisions as to the indemnity of the City of Middletown, Kentucky.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Official City Use Only – Review/Approval Signatures**

Middletown Police Department

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Middletown Public Works

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

City of Middletown

Signed: \_\_\_\_\_

Date: \_\_\_\_\_