

**\$20.00 Permit Processing Fee**  
**Please Include with Application**

**THE CITY OF MORGANTOWN**  
**SPECIAL EVENT/WAIVER APPLICATION**

**Applicant and Information** *Applicant is the contact person or event organizer for the event submitted.*  
*\*Application must be submitted more than 15 days prior to the event.*

Applicant's Name: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Organization: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office phone: \_\_\_\_\_ Cell phone (or Home): \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Event Information**

This event is a: \_\_\_\_\_ Parade \_\_\_\_\_ Athletic event (Run/Walk/Bike)  
\_\_\_\_\_ \*Special Waiver (Noise Code 527) \_\_\_\_\_ Other (describe) \_\_\_\_\_

Event name: \_\_\_\_\_

Requested location: \_\_\_\_\_ Requested event date: \_\_\_\_\_

Event starting time: \_\_\_\_\_ Event ending time: \_\_\_\_\_

Expected attendance: \_\_\_\_\_

Event Route: **Run/Walk/Bike** *(Please write out route & include map showing route)*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parade Route:** *See attached map for the parade route & staging/dispersal areas.*

Time units will begin assembly \_\_\_\_\_ Time parade will begin \_\_\_\_\_

Number of vehicles involved \_\_\_\_\_ Number of persons on foot \_\_\_\_\_

**Signature of applicant** \_\_\_\_\_

Any event requiring the marking of streets to designated routes for Walk/Run/Bike events **must be**  
Coordinated with the Public Works Department before any street is marked. PH: (304) 284-7412



\*\*\*\*Landlord/Agent Signature \_\_\_\_\_ Date \_\_\_\_\_

Zoning District \_\_\_\_\_

\*\*\*\*\*

**(For Office Use Only)**

Signature and Verification of \$20.00 Permit Processing Fee Rec'd (Finance Dept. Staff)

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

Approved	Denied	Date	Signature	
_____	_____	_____	_____	<b>Police Chief</b>
_____	_____	_____	_____	<b>Fire Chief</b>
_____	_____	_____	_____	<b>Public Works</b>
_____	_____	_____	_____	<b>Finance</b>
_____	_____	_____	_____	<b>City Manager</b>

\*Special Waiver Conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**Police Department Authorization**

I, the undersigned officer of the MPD have met with \_\_\_\_\_,  
Name of applicant

A representative for \_\_\_\_\_ and have approved the details of this  
Name of organization

event to the satisfaction of the Morgantown Police Department. Application must now be submitted to the Finance Department for payment of fee and instructions for completion.

\_\_\_\_\_  
Authorized Signature – MPD SSU

\_\_\_\_\_  
Date