



Clintonville Community Event Application

Name _____

Name of Business _____

Address of Business _____

Mailing Address (if different) _____

Phone Number _____

Event Date(s) and Time(s) _____

Community Event Fee: _____
(1089) 100-44400-10

SIGNATURE OF APPLICANT

DATE

OFFICE USE ONLY

Date received and filed with municipal clerk	Receipt Number
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