

Huron City Commission - Request Form

Application Date: _____

Please Check the Appropriate Box:

- | | |
|---|--|
| <input type="checkbox"/> Lottery / Raffle (30-days prior notice required) | <input type="checkbox"/> Parade (Indicate Route Below) |
| <input type="checkbox"/> Alcoholic Beverage Consumption in Public Area
_____ \$5.00 Fee (Ordinance 5.46.050) | <input type="checkbox"/> Other: _____ |

Applicant Name: _____

Applicant Address: _____

Applicant Phone: _____

Event Date: _____

Time & Duration: _____

Place: _____

**Other OR
Parade Route:** _____
(List streets and/or attach map)

APPLICANT SIGNATURE: _____

Return Completed Form To:

City of Huron
239 Wisconsin Ave SW
PO Box 1369
Huron, SD 57350
Phone: 605-353-8502
Fax: 605-353-8506

Form also available online: www.huronsd.com , click "City of Huron" then "Forms/Documents", "City Commission Request"

CITY PERSONNEL USE ONLY

Date approved by City Commission:

Special Conditions:

- | | |
|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Applicant | <input type="checkbox"/> Street Dept |
| <input type="checkbox"/> Police Dept | <input type="checkbox"/> Traffic Dept |
| <input type="checkbox"/> Fire Dept | <input type="checkbox"/> Other |

Date:

Employee Int: