

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 Type of Event: _____ _____ \$5.00 Fee per day (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 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: