

**CITY OF BENTON  
APPLICATION FOR  
SPECIAL EVENT PERMIT**

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

**Event Name:** \_\_\_\_\_

**Event Date:** \_\_\_\_\_

**Business Name:** \_\_\_\_\_

**Owners Name:** \_\_\_\_\_

**Address/City/Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Type of Business:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Permit Mailed or Picked Up – Circle One**

\_\_\_\_\_  
**Signature of Applicant**

**OFFICE USE ONLY**

**BUILDING INSPECTOR:** \_\_\_\_\_

**A&P** \_\_\_\_\_

**RETURN TO CITY CLERK'S OFFICE P.O. BOX 607 BENTON, AR 72018**

**QUESTIONS, PLEASE CALL 501-776-5908**

**Cost of permit \$25**