



BANNER MONUMENT SIGN - EVENT REQUEST

PLEASE SUPPLY ALL OF THE FOLLOWING ITEMS THAT APPLY WHEN SUBMITTING YOUR REQUEST.

_____ COPY OF THE BANNER CONTENT/LAYOUT

_____ FEE \$40.00 (IF APPLICABLE)

BANNER REQUEST INFORMATION

****ALL REQUESTS ARE REVIEWED AND ISSUED ON A FIRST COME FIRST SERVE BASIS****

1. IT IS THE RESPONSIBILITY OF THE APPLICANT TO INSTALL AND REMOVE THE BANNER FOR THE APPROVED TIME.
2. PLASTIC "TIE-WRAPPS" OR "BUNGEE CORDS" ARE TO BE USED WHEN INSTALLING THE BANNERS - NO ROPES, STRINGS OR WIRES. CITY DOES NOT SUPPLY SUPPORT FASTENERS.
3. BANNER DIMENSIONS:
 - a. HALF SPACE – 2' x 8' - **ONE WEEK** RESERVATION
 - b. FULL SPACE – 4' x 8' - **ONE WEEK** RESERVATION
4. APPLICANT MUST CONFIRM OR CANCEL THE USE OF THE BANNER POSTS BY THE FRIDAY BEFORE THE RESERVATION. THE CITY WILL VERIFY THE INSTALLATION DATE OF THE BANNER AND PROVIDE THAT INFORMATION ON THE EVENT SIGN.
5. FEES:
 - a. \$40.00 FEE (FOR-PROFIT)
 - b. \$ 0.00 (NON-PROFIT)

Application fee may be waived upon review and approval by the City Manager.
6. REMOVAL OF THE BANNER IS REQUIRED BY NO LATER THAN 8:00 AM THE DAY AFTER THE LAST DAY OF THE EVENT. CITY CAN REMOVE THE BANNER IF ANOTHER EVENT IS READY TO USE THE BANNER MONUMENT. THE CITY WILL NOT BE OBLIGATED TO KEEP THE BANNER TO BE RETURNED TO THE EVENT ORGANIZER.





BANNER MONUMENT SIGN - EVENT REQUEST

DATE OF REQUEST: _____ Date of Event _____

PERIOD OF SIGN DISPLAY: _____
*BEGINNING DATE ENDING DATE

**ONE WEEK IS MAXIMUM ALLOWED TIME PERIOD – ADDITIONAL TIME MAY BE REQUESTED FOR REVIEW – NO TIME SLOTS ARE GUARANTEED*

APPLICANT NAME: _____

ORGANIZATION / GROUP NAME: _____

NAME OF EVENT: _____

BUSINESS ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BUSINESS PHONE: _____ BUSINESS FAX: _____

EMAIL: _____

MAILING ADDRESS: _____
(IF DIFFERENT FROM ABOVE)

CITY: _____ STATE: _____ ZIP: _____

FEIN: _____ NON PROFIT CORPORATION INDIVIDUAL

EVENT LOCATION: _____

<p align="center">SIGN LOCATION SELECTION</p> <p><input type="checkbox"/> BANNER SIGN AT NE CORNER OF DILLARD / PLANT STREET</p> <p><input type="checkbox"/> "A" – TOP SPACE 2' X 8'</p> <p><input type="checkbox"/> "B" – BOTTOM SPACE 2' X 8'</p> <p><input type="checkbox"/> "A + B" – COMBINED SPACE 4' X 8'</p> <p><input type="checkbox"/> OVERFLOW LOCATION AT DILLARD / PLANT STREET</p>	<p align="center">INSTALLATION VERIFICATION</p> <p>INSTALLATION DATE: _____ RESERVATION WEEK IS FROM SUNDAY AT 8:00 AM TO SATURDAY PM</p> <p>REMOVAL DATE: _____ NO LATER THAN 8:00 AM THE DAY AFTER THE EVENT</p>
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FOR OFFICE USE ONLY		
TECHNICIAN INITIALS _____	DATE RECEIVED _____	PAID _____
DATA CLERK INITIALS _____	DATE SCANNED _____	SIGN PERMIT # _____
APPROVAL _____	DATE _____	APPROVAL: YES ___ NO ___