



SPECIAL EVENT APPLICATION FORM

Lumsden Municipal Office
PO Box 160
300 James St N
Lumsden, SK S0G 3C0
Phone: (306) 731-2404
Fax: (306) 731-3572
Email: rm189@sasktel.net
Website: www.lumsden.ca

CONTACT INFORMATION

Applicant

Name: _____ Phone Number: _____
Email Address: _____ Mailing Address: _____
Municipality: _____ Province: _____ Postal Code: _____

Property Owner Same as Applicant

Name: _____ Phone Number: _____
Email Address: _____ Mailing Address: _____
Municipality: _____ Province: _____ Postal Code: _____

Business/Organization (if applicable)

Name: _____ Phone Number: _____
Email Address: _____ Mailing Address: _____
Municipality: _____ Province: _____ Postal Code: _____

SUBJECT PROPERTY/LEGAL LAND DESCRIPTION

Quarter: _____ Section: _____ Township: _____ Range: _____
Lot: _____ Block: _____ Plan: _____ Extension: _____
Civic Address: _____

EVENT INFORMATION

Type: Public Event Private Event

Event Description:

Date(s): _____ Time span (e.g., 1:00 pm to 2:00 pm) _____

Beverage Alcohol

Will alcohol be served? Yes No

If yes, please state the hours beverage alcohol will be served: _____

Estimated number of people per day: _____
(Please include all people involved in the event including guests, entertainers, servers, security, etc.)

