



119 North Hersey Avenue
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SPECIAL EVENT LICENSE REQUEST FORM

Date: _____, 20____

Please Print Clearly

SPECIAL EVENT LICENSE REQUEST FORM

Full Name: _____ E-mail: _____

Street Address: _____ Phone No.: _____

Location of event: _____

Purpose of event: _____

Date/Time of Event: _____

***A \$25.00 special event license fee will be assessed. This fee is due upon receipt of the application.**

Fee Received by: _____

***I have received a copy of Ordinances No. 2022, 2027, and 2035 and understand and agree to abide by all conditions stated in the Ordinances.**

Date: ____/____/____ Signature: _____