

## GARDEN GROVE FIRE DEPARTMENT SPECIAL EVENT PERMIT APPLICATION

EVENT NAME:		
PERMIT LOCATION: PHYSICAL LOC	CATION. MUST ATTACH SITE MAP.	
PERMIT ADDRESS:		
APPLICANT NAME:		
	CELL NO:	
ADDRESS:	EMAIL ADDRESS:	
CITY:	STATE:	ZIP CODE:
EVENT SPONSOR NAME:		
SPONSOR ADDRESS:		
PERMIT TYPE (SEE LIST):		
EVENT DESCRIPTION:		
EVENT DATE(s):	EVENT TIME(s):	
ICCLIE DATE:		
SIGNATURE		DATE
Further information or requirements may be re	equired by Fire Department. OFFICE USE ONLY	
PERMIT #:	INVOICE #:	
EXPIRATION DATE:		