



Applicant Information	
☐ Individual ☐ Corporation ☐ Organization ☐ Partnership ☐	Sole Proprietorship
Applicant / Organization Name:	
Mailing Address:	
Contact Name: Phone:	
E-mail:	
On-site Contact Name: On-site Contact Number:	
Details of Request	
Type of Event:	
Event Period: Date(s): to	_
Time(s): to	_
Number of Vehicles Participating:	
Number of Persons Participating:	
Do you require a road closure?	
If yes, when do you require the road to be closed? Time(s): to	
A map of your proposed route must be attached to your application. All applications should be completed and received by the Town of Inuvik Municipal Enforcement Department SEVEN (7) DAYS PRIOR to the event taking place.	
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Applicant Signature: Date:	
OFFICE USE ONLY	
Date received:	
Date received:	
Date approved/denied/modified:	
Event Authorized by:	1odified Approval
(lis	st conditions below)
Conditions (if any):	