Oklahoma State University - Oklahoma City Campus



Event Permit Application

Required for all events

Name of Event	
Name of Department/Sponsor	
Address of Department/Sponsor	
Contact Person	Telephone
Cell	Fax
Date and Time of Event	
Location of Event	
Estimated Attendance	Maximum Occupancy of Venue
Date and Time of Planning Meeting	
SignedApplicant	Date
	ty, Business Technology Room 100 y@okstate.edu No later h\Ub`2 weeks df]cf`hc`Yj Ybh'
FOR O	FFICE USE ONLY
Date Approved	OSU Code Official