

TEMPORARY USE PERMIT APPLICATION

BUSINESS, OWNER AND/OR LAND OWNER NAME(S): _____

ADDRESS OR DESCRIPTION OF LOCATION OF EVENT: _____

EMERGENCY CONTACT & CELL NUMBER: _____

DATE(S) OF ACTIVITY: _____

DOCUMENTATION TO BE FILED BY APPLICANT

_____ ACTIVITY (Circle all that apply): Music , Circus , Carnival , Fair , Race Track

Other: _____

_____ A MAP DRAWING OF PROPERTY, indicating location of events, parking and bathrooms

_____ COPY OF ADEQUATE LIABILITY AND PROPERTY DAMAGE INSURANCE

_____ A WRITTEN STATEMENT & DESCRIPTION OF EVENT, indicating plans for food and/or alcohol, description of event(s), hours of operation, an estimate of the minimum and maximum persons expected to attend (per day).

By signing below, I, the owner or agent of, confirm and certify under penalty of perjury to the correctness of the information submitted and that if approved the conditions of Chapter 390 "Permits for Recreational Activities" will be upheld.

APPLICANT'S SIGNATURE: _____ **DATE:** _____

A COPY OF ALL THE SUBMITTED MATERIAL WILL BE FORWARDED TO THE HEALTH DEPARTMENT, SHERIFF'S DEPARTMENT, AFFECTED ROAD JURISDICTIONS AND THE CARROLL COUNTY BOARD (AT THEIR NEXT SCHEDULED MEETING). A WRITTEN DESCRIPTION WILL BE SENT BY MAIL TO ALL ADJOINING LANDOWNERS WITHIN 250 FEET OF THE LOCATION INDICATED BY MAP.

-----OFFICE USE ONLY-----

COUNTY PIN: _____

TEMPORARY USE PERMIT NUMBER AND APPROVAL DATE: _____
