



FACILITY USE APPLICATION

PART I. APPLICANT INFORMATION

DATE _____

APPLICANT'S FULL NAME _____

RESIDENCE OF THE APPLICANT _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE _____ EMAIL _____

DRIVERS LICENSE NUMBER _____

RELATIONSHIP TO BUSINESS OWNER _____

DO YOU OWN THE BUSINESS THAT IS THE SUBJECT OF THIS APPLICATION YES NO

PART II: BUSINESS INFORMATION

BUSINESS/ORGANIZATION NAME _____

NAME OF THE PRINCIPAL OWNER OF THE BUSINESS _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PART III: PROPOSED BUSINESS USE

LOCATION WHERE VENDOR INTENDS TO CONDUCT BUSINESS _____

WILL YOU BE ERECTING ANY TEMPORARY STRUCTURES: LARGE TENT, POP UP TENT,

DISPLAYS, SIGNS, OTHER _____

DATE(S) WILL BE SELLING START _____ END _____

DESCRIBE THE TYPE(S) OF MERCHANDISE TO BE OFFERED OR SOLD

HOW MANY EMPLOYEES WILL YOU HAVE ON SITE _____

ARE YOU USING A VEHICLE TO CONDUCT YOUR BUSINESS? YES ____ NO ____

IF YES, PROVIDE THE MAKE, MODEL, YEAR (ATTACH CURRENT PROOF OF INSURANCE)

PART IV: EMERGENCY CONTACT INFORMATION

IN THE CASE OF EMERGENCY, CONTACT THE FOLLOWING

NAME _____

ADDRESS _____

PHONE _____

CELL PHONE _____

PART VI: AFFIRMATION

I, THE UNDERSIGNED, HEREBY SWEAR OR AFFIRM THAT THE ABOVE STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF AND UNDERSTAND THAT ANY FALSE STATEMENTS OR SIGNIFICANT OMISSIONS SHALL BE GROUNDS FOR DENIAL OF A PERMIT.

DATE _____ SIGNATURE OF APPLICANT _____

If approved, the Applicant will also have to provide a Health Inspection Certificate, if needed, which must be displayed for public viewing.