

Special Event / Temporary Use Permit Application



Permit # _____

(Reference Allen Land Development Code Section 6.04 for additional requirements)

Site Information		
Property Address / Location:	Suite #	Business / Event Name

Special Event	Temporary Use / Building
<input type="checkbox"/> Carnival / Circus / Fairgrounds (3 day maximum including set-up and tear down) <input type="checkbox"/> Seasonal Sales (Firewood, Plants, Produce, Snow Cones) *Farmer's Markets/Flea Markets Not Permitted <input type="checkbox"/> Christmas Tree Sales (Valid Nov. 15 - Jan. 1) <input type="checkbox"/> Promotional Event <input type="checkbox"/> Parking Lot Sales (Business Owner Only) <input type="checkbox"/> Other Special Event: _____	<input type="checkbox"/> Construction Office <input type="checkbox"/> Sales Office <input type="checkbox"/> Church / School Accessory Building <input type="checkbox"/> Other Temporary Use: _____ _____ _____

Description of Event
Describe the proposed event, include all activities and list all food vendors:
<input type="checkbox"/> Tent _____ sq. ft. (if over 200 sq. ft. fire retardant certificate required). <input type="checkbox"/> Canopy _____ sq. ft. (if over 400 sq. ft. fire retardant certificate required).

Begin Date:	End Date:
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Submittal Requirements
<input type="checkbox"/> Written letter of approval from the property owner and/or property owner must sign form <input type="checkbox"/> Site Plan showing the existing property, location of event, proposed activities and signage including location of tent(s) <input type="checkbox"/> Health Permit, if applicable, for food sales <input type="checkbox"/> Copy of sales tax permit, if applicable

Applicant Information		
Name	Address	City, State, Zip
Phone	Email	Fax

If application is being made by a non-profit agency, name of agency:

I have read the completed application and know the same is true and correct and hereby agree that if a permit is issued all provisions of the City Ordinances, Adopted Codes and State Laws will be complied with whether herein specified or not. I agree to comply with all property restrictions. I am the owner of the property or his duly authorized agent. Permission is hereby granted to enter the premises and make all inspections.

APPLICANT NAME:	SIGNATURE:
CONTACT PHONE:	Applicant is: <input type="checkbox"/> Property Owner / Representative <input type="checkbox"/> Other
PROPERTY OWNER NAME:	SIGNATURE:

FEE PAID:	R'CVD BY:	DATE:
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ISSUED BY:	DATE:
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