



**APPLICATION AND PERMIT FOR TAG DAYS AND
OTHER TEMPORARY ACTIVITIES AND EXHIBITIONS
ON CITY PROPERTY**

Date _____

1. Applicant's Name _____ Age _____
(Not Required)

Organization Name _____

Address _____

Telephone Number _____
Daytime Evening

2. Name and address of person to contact if person listed above is not available

Name _____

Address _____

Telephone Number _____
Daytime Evening

3. Organization: Commercial _____ Non-Profit _____

4. Description of Activity Proposed _____

5. Date and hours of operation of proposed activity _____

Rain date _____

6. Location of proposed activity _____

7. Special equipment required: No _____ Yes _____
Describe _____

8. Will items be available for sale: No _____ Yes _____
Describe _____

9. Insurance Coverage: Public Liability _____
Company Amount

Property Liability: _____
Company Amount

10. Other Comments: _____

Signature of Applicant

DO NOT WRITE BELOW THIS LINE

Action of the City Manager:

Date _____ Approved _____
Denied _____

Conditions of Approval: _____

Action of: Police Department _____
Public Works Department _____
Recreation Department _____
Fire Department _____
Health Department _____
Parking Commission _____
Planning Department _____
Other: _____