



TEMPORARY USE AND EVENT APPLICATION

OFFICE USE ONLY

PERMIT #: _____

RECEIVED DATE: _____

FILING FEE: \$ _____

APPLICANT INFORMATION

APPLICANT'S NAME: _____ TELEPHONE: _____

ADDRESS: _____ EMAIL: _____

PROPERTY OWNER'S NAME: _____ TELEPHONE: _____

ADDRESS: _____ EMAIL: _____

REPRESENTATIVE'S NAME: _____ TELEPHONE: _____

COMPANY: _____ EMAIL: _____

ADDRESS: _____

PRIMARY POINT OF CONTACT: APPLICANT PROPERTY OWNER REPRESENTATIVE

PROPERTY INFORMATION

DEVELOPMENT NAME (IF APPLICABLE): _____ ZONING DISTRICT: _____

ADDRESS OR PROPERTY LOCATION: _____

COUNTY PARCEL ID #(S): _____

EVENT INFORMATION

NAME OF EVENT: _____ EVENT DATE(S) & TIME OF DAY: _____

TYPE OF EVENT:

- TENT EVENT, GREENHOUSE SALE, MODEL HOME, HOLIDAY TREE SALE, SIDEWALK SALE, OTHER, OUTDOOR CAFE / EATING AREA, TEMPORARY USE AND EVENT PERMIT EXTENSION

WILL THERE BE COOKING OR MACHINERY (LIGHTING, GENERATOR, CASH REGISTER, ETC.) IN OPERATION UNDER A TENT?

NO YES, DESCRIBE:

ATTACHMENTS (REQUIRED)

- PLOT PLAN OR SKETCH (8 1/2" X 11")
PROOF OF OWNERSHIP
OTHER PERMITS
ILP OR ENCROACHMENT PERMIT
PROOF OF PERMITS FROM STATE OF INDIANA
PROOF OF REVIEW AND APPROVAL FROM HAMILTON COUNTY HEALTH DEPARTMENT
PROOF OF INSURANCE



APPLICANT AFFIDAVIT

IN WITNESS WHEREOF, the undersigned, having duly sworn, upon oath certifies that by signing this application that: (i) I am fully empowered and duly authorized by any and all necessary action or consent to execute and deliver this application and certification for and on behalf of the party for which I am signing; (ii) the party for which I am signing has full capacity, power, and authority to carry out and enter into the obligations required under the permit; (iii) this license has been duly authorized, executed, and delivered and constitutes a legal, valid, and binding obligation of the party for which I am signing; and (iv) the party for which I am signing agrees to conform to the regulations of the City of Westfield, Hamilton County and the State of Indiana.

I hereby acknowledge and accept that this permit may be immediately revoked by the City of Westfield for the commission of any act, or for failing to act in a manner, that constitutes a violation of any applicable law of the City of Westfield, Hamilton County or the State of Indiana.

Applicant/Representative (signature)

Applicant/Representative (printed)

Before me the undersigned, a Notary Public in and for said County and State, personally appeared the Applicant, who having been duly sworn acknowledged the execution of the foregoing Application.

Witness my hand and Notarial Seal this ____ day of _____, 20____.

State of _____, County of _____, SS:

Notary Public Signature

Notary Public (printed)

PROPERTY OWNER AFFIDAVIT

IN WITNESS WHEREOF, the undersigned, having duly sworn, upon oath says they are the owners of the property involved in this application and that they hereby acknowledge and consent to the foregoing Application.

Property Owner (signature)*

Property Owner (printed)

Before me the undersigned, a Notary Public in and for said County and State, personally appeared the Property Owner, who having been duly sworn acknowledged and consents to the execution of the foregoing Application.

Witness my hand and Notarial Seal this ____ day of _____, 20____.

State of _____, County of _____, SS:

Notary Public Signature

Notary Public (printed)

*A signature from each party having interest in the property involved in this application is required. If the Property Owner’s signature cannot be obtained on the application, then a notarized statement by each Property Owner acknowledging and consenting to the filing of this application is required with the application.

<i>OFFICE USE ONLY</i>	<input type="checkbox"/> ECONOMIC AND COMMUNITY DEVELOPMENT DEPARTMENT	<input type="checkbox"/> OTHER: _____
	<input type="checkbox"/> FIRE DEPARTMENT	<input type="checkbox"/> POLICE DEPARTMENT