

TEMPORARY USE PERMIT APPLICATION

Applicant's Name: _____

Applicant's Mailing Address: _____

Applicant's Phone Number: _____

Applicant's City Business License #: _____

Property Owner's Name: _____

Property Owner's Mailing Address: _____

Property Owner's Phone Number: _____

Address of Temporary Business: _____

Type of Temporary Use: _____

A letter of permission from the owner of location shall be submitted with this application giving permission for this temporary business to be located on said property. This letter must also contain permission for the use of rest room facilities if available. If no rest room facilities are available, temporary facilities shall be provided and shall be handicapped accessible.

The undersigned does hereby verify that they are the applicant thereof and accepts responsibility for accuracy and gives the City of Gaffney permission to obtain whatever information is necessary to review this application.

APPLICANT'S SIGNATURE

DATE

PLEASE INQUIRE IF ANY INSPECTIONS WILL BE NEEDED FOR YOUR EVENT

Is this tract/parcel or development restricted by any recorded covenant that is contrary to, conflicts with, or prohibits the activity described in this application? YES NO

The undersigned does hereby verify that they are the property owner thereof and accepts responsibility for accuracy and gives the applicant permission to submit this application to City of Gaffney for review.

PROPERTY OWNER'S SIGNATURE

DATE

FOR OFFICE USE ONLY			
DATE SUBMITTED _____	RECEIVED BY _____		
DATE REVIEWED _____	REVIEWED BY _____	REVIEW STATUS _____	
TOTAL FEE _____	DATE PAID _____	FEE REC'D BY _____	PAYMENT METHOD _____
PERMIT VALID FROM _____		TO _____	