



**GROWTH MANAGEMENT  
131 W PINKLEY AVE  
COOLIDGE, AZ 85228  
520-723-6075**

**TEMPORARY USE PERMIT**

PERMIT NO. \_\_\_\_\_

**FEE: \$110.00**

DATE OF APPLICATION: \_\_\_\_\_

NAME: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

SALES TAX LICENSE NUMBER: \_\_\_\_\_ CITY: \_\_\_\_\_

DRIVERS LICENSE NUMBER: \_\_\_\_\_

ACTIVITY ADDRESS: \_\_\_\_\_

PARCEL NUMBER: \_\_\_\_\_

DESCRIPTION OF ACTIVITY: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE OF ACTIVITY: \_\_\_\_\_

TIME OF ACTIVITY: \_\_\_\_\_

The following conditions are to be followed and observed during the above activity. Failure to comply with the conditions will constitute justification to **REVOKE** this permit.

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_
4. \_\_\_\_\_  
\_\_\_\_\_
5. \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date    Print Name    Signature of Applicant

\_\_\_\_\_  
Date    Signature of Staff    Witness