



CITY OF COOLIDGE

TEMPORARY USE PERMIT APPLICATION

Permit No: _____ Date Filed: _____ Filing Fee: **\$110.00**

Approved By: _____ Date: _____

◆ ACTIVITY INFORMATION:

Activity Address: _____ Parcel Number: _____

Date of Activity: _____ Time of Activity: _____

Description of Activity: _____

◆ APPLICANT INFORMATION:

Applicant Name: _____ Phone number: _____

Business Name: _____

Business Address: _____

Sales Tax/Drivers License Number: _____

◆ CONDITIONS:

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. _____

◆ ACKNOWLEDGEMENT:

Applicant Signature

Date