town of SNOWFLAKE arizona

**TEMPORAY USE PERMIT APPLICATION:**

APPLICANT NAME: _____

PROPERTY OWNER: _____

LOCATION ADDRESS: _____

PARCEL #: _____

PHONE #: _____ EMAIL ADDRESS: _____

START DATE: _____ END DATE: _____

REASON/JUSTIFICATION FOR REQUEST:

_____

_____

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_____

I hereby certify that the information on this application and all related submittals are true and correct.

SIGNATURE: _____ DATE: _____

Vendors: Your signature certifies that ALL items for sell are being legally sold and do not infringe upon any copyrights or patents.

The Town evaluates these applications according to the following criteria per Town Code Sections 10-8-2 & 3-1-7.

For internal use Date received: ____