

## **Temporary Use Permit Application**

957 Indian Point Road, Branson, MO 65616 Phone 417-338-5599 Fax 417-338-5279

Temporary Use 911 Property Address:		Permit Number		
Property Owner:		Owner Applicant		
Contact Name:	Email:			
Mailing Address:		Phone:		
Applicant Name;	Email:			
Mailing Address:		Phone:		
Temporary Use Type/Fee (only one Please circle one that describes your Use Type and complete the				
Outdoor Sales/Promotional Event \$50 Search lights \$5	Temporary Vehicle Wash \$5 Food Truck \$50	Farmers Market \$50		
Property Owner Permission				
I give consent to the applicant to access the	property identified above for the purpose	described on this application.		
Property Owner/Authorized Agent Signature	Print Name	Date		
Applicant Acknowledgement		8		
In signing this application for permit, the ap	plicant acknowledges all information prov	ided is complete and accurate.		
The applicant also agrees to abide by the re	gulation of the Village Point Municipal Co	ode.		
Applicant's Signature	Print Name	Date		
Permit goo	od for 3 months then you must re-apply			

## Official Use Only

Descrip	tion	Comments	Description	Comments	
Zoning (	Zoning District		Site Plan	Site Plan	
Total cu	Total cumulative Days		Health Dept. Permits	Health Dept. Permits	
Occurrences per year		Operating Rules	Operating Rules		
Active Business License		FAA Approval	FAA Approval		
Active Building License		Other Departments Not	Other Departments Notified		
Approved	Denied	Approved by		Date	
Expires					