



TENT PERMIT

Jeffersonville City Hall
500 Quartermaster Ct. Ste. 200
Jeffersonville, IN 47130

Applicant

Name of Applicant: _____

Applicant Address: _____

Name of Business: _____

Phone: _____ Cell: _____

Email: _____

Tent Location

Name of Business: _____

Business Address: _____

Phone: _____ Cell: _____

Email: _____

Event Information

Event/Reason for Tent: _____

Type of Vending: _____

Required Attachments

1. Site location map showing the subject property and the location of the tent on the property
2. Size of Tent to be used
3. Flame Retardant Certificate
4. Permit fee of \$50 (non-refundable)
5. Any additional information as required by the Director or Zoning Administrator

The undersigned states the above information is true and correct as they are informed and believes to the best of their knowledge.

Signature of Applicant: _____

Date: _____

Approved by: _____

Date: _____