

**WESTFIELD-WASHINGTON TOWNSHIP APPLICATION FORM**  
**TEMPORARY USE, FOOD TRUCK, & EVENT APPLICATION**



OFFICE  
USE ONLY

PERMIT #: \_\_\_\_\_

RECEIVED DATE: \_\_\_\_\_

FILING FEE: \$ \_\_\_\_\_

**APPLICANT INFORMATION**

APPLICANT'S NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PROPERTY OWNER'S NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ EMAIL: \_\_\_\_\_

REPRESENTATIVE'S NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

COMPANY: \_\_\_\_\_ EMAIL: \_\_\_\_\_

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

PRIMARY POINT OF CONTACT:

APPLICANT

PROPERTY OWNER

REPRESENTATIVE

**PROPERTY INFORMATION**

DEVELOPMENT NAME (IF APPLICABLE): \_\_\_\_\_ ZONING DISTRICT: \_\_\_\_\_

ADDRESS OR PROPERTY LOCATION: \_\_\_\_\_

COUNTY PARCEL ID #(S): \_\_\_\_\_

**EVENT INFORMATION**

NAME OF EVENT: \_\_\_\_\_ EVENT DATE(S) & TIME OF DAY: \_\_\_\_\_

TYPE OF EVENT:

TENT EVENT

HOLIDAY TREE SALE

FOOD TRUCK

GREENHOUSE SALE

SIDEWALK SALE

OUTDOOR CAFE / EATING AREA

MODEL HOME

OTHER: \_\_\_\_\_

TEMPORARY USE AND EVENT PERMIT EXTENSION

WILL THERE BE COOKING OR MACHINERY (LIGHTING, GENERATOR, CASH REGISTER, ETC.) IN OPERATION UNDER A TENT?

NO

YES, DESCRIBE: \_\_\_\_\_

**ATTACHMENTS (REQUIRED)**

PLOT PLAN OR SKETCH (8 1/2" X 11")(SHOWS: PROPERTY LINES OF THE SITE, ADJACENT USES AND ZONING, LOCATION OF HYDRANTS, EXISTING AND PROPOSED BUILDINGS OR STRUCTURES, BOUNDARIES OF PROPOSED SALES/ACTIVITY AREA, PROPOSED LIGHTING AND METHOD OF POWER, NUMBER OF PARKING SPACES IMPACTED BY THE TEMPORARY EVENT (IF APPLICABLE), PROPOSED TRAFFIC CIRCULATION (IF APPLICABLE), LOCATION AND SIZE OF PROPOSED SIGNS (IF APPLICABLE), LOCATION AND METHOD OF TRASH DISPOSAL)

PROOF OF OWNERSHIP (OR IF THE APPLICANT IS NOT THE PROPERTY OWNER, WRITTEN CONSENT FROM PROPERTY OWNER)

OTHER PERMITS (IF REQUIRED, THESE ARE REQUIRED TO BE SUBMITTED WITH THIS APPLICATION)

ILP OR ENCROACHMENT PERMIT IS REQUIRED, THEN THOSE APPLICATION SHALL BE SUBMITTED WITH THIS APPLICATION

PROOF OF PERMITS FROM STATE OF INDIANA, ALCOHOL AND TOBACCO COMMISSION IF ALCOHOL IS SOLD OR CONSUMED

PROOF OF REVIEW AND APPROVAL FROM HAMILTON COUNTY HEALTH DEPARTMENT IF COOKING OR EATING IS INVOLVED

PROOF OF INSURANCE (THAT REASONABLE LIABILITY INSURANCE IS CARRIED DEPENDING ON THE USE OR EVENT)



**APPLICANT AFFIDAVIT**

IN WITNESS WHEREOF, the undersigned, having duly sworn, upon oath certifies that by signing this application that: (i) I am fully empowered and duly authorized by any and all necessary action or consent to execute and deliver this application and certification for and on behalf of the party for which I am signing; (ii) the party for which I am signing has full capacity, power, and authority to carry out and enter into the obligations required under the permit; (iii) this license has been duly authorized, executed, and delivered and constitutes a legal, valid, and binding obligation of the party for which I am signing; and (iv) the party for which I am signing agrees to conform to the regulations of the City of Westfield, Hamilton County and the State of Indiana.

I hereby acknowledge and accept that this permit may be immediately revoked by the City of Westfield for the commission of any act, or for failing to act in a manner, that constitutes a violation of any applicable law of the City of Westfield, Hamilton County or the State of Indiana.

\_\_\_\_\_  
Applicant/Representative (signature)

\_\_\_\_\_  
Applicant/Representative (printed)

Before me the undersigned, a Notary Public in and for said County and State, personally appeared the Applicant, who having been duly sworn acknowledged the execution of the foregoing Application.

Witness my hand and Notarial Seal this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

State of \_\_\_\_\_, County of \_\_\_\_\_, SS:

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Notary Public (printed)

**PROPERTY OWNER AFFIDAVIT**

IN WITNESS WHEREOF, the undersigned, having duly sworn, upon oath says they are the owners of the property involved in this application and that they hereby acknowledge and consent to the foregoing Application.

\_\_\_\_\_  
Property Owner (signature)\*

\_\_\_\_\_  
Property Owner (printed)

Before me the undersigned, a Notary Public in and for said County and State, personally appeared the Property Owner, who having been duly sworn acknowledged and consents to the execution of the foregoing Application.

Witness my hand and Notarial Seal this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

State of \_\_\_\_\_, County of \_\_\_\_\_, SS:

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Notary Public (printed)

\*A signature from each party having interest in the property involved in this application is required. If the Property Owner's signature cannot be obtained on the application, then a notarized statement by each Property Owner acknowledging and consenting to the filing of this application is required with the application.

<i>OFFICE USE ONLY</i>	<input type="checkbox"/> ECONOMIC AND COMMUNITY DEVELOPMENT DEPARTMENT	<input type="checkbox"/> OTHER: _____
	<input type="checkbox"/> FIRE DEPARTMENT	<input type="checkbox"/> POLICE DEPARTMENT