



FOR OFFICE USE ONLY	
<u>Drop off checklist:</u>	
Date dropped off: _____	
Business card stapled?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Were names clearly printed?	Yes <input type="checkbox"/>
<u>Pick up checklist:</u> <i>(please circle)</i>	
Approved?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Seal on Permits?	Yes <input type="checkbox"/>
Permit #'s added to index page (front binder)	Yes <input type="checkbox"/>
Date picked up: _____	
Name of Volunteer: _____	

Event Permit Application Form

Name of Event: Vaisakhi
 Effective dates: April 20, 2019

The permit has **NO "IN / OUT" PRIVILEGES** and will be modified after initial entry by checkpoint staff.
It is the applicant's responsibility to distribute the permits

I am applying as a Temple / Church *** Business Owner

Name of Resident and / or Business: _____

Address of affected area:

_____ Suite Number _____ Street Address

Please CLEARLY PRINT the names of employees (above 16 years old) associated to the above mentioned address
 (Maximum 10 persons)

First Name

Last Name

	<i>First Name</i>	<i>Last Name</i>
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

***** Temples / Churches will receive a maximum of 50 permits (bulk)**

Do NOT record names for Temples / Churches

Permit Numbers: _____ to _____
