

TOWN OF SARATOGA – PERMIT APPLICATION
REQUEST FOR WAIVER OF OPEN CONTAINER LAW



Permit No. _____ Fee Paid: _____ Receipt No. _____
Permit Fee: \$25.00

Pursuant to the Town of Saratoga Municipal Code, the governing body and Town Clerk are authorized to issue a permit which waives the Town's container restrictions as defined in the Town of Saratoga Municipal Code 5.08.210(4)

APPLICANT NAME: _____

NAME OF EVENT: _____

ADDRESS (City/State/Zip): _____

TELEPHONE NO. _____

IF APPLICANT IS REPRESENTING AN ORGANIZATION, PLEASE PROVIDE THE FOLLOWING:

ORGANIZATION NAME: _____

ORGANIZATION ADDRESS: _____

ORGANIZATION TELEPHONE NO. _____

IS THE APPLICANT THE CONTACT PERSON FOR THE EVENT: _____

If no, Please provide Name/Telephone Number and Address of contact person: _____

LOCATION OF EVENT: _____

DATE(S) OF EVENT: _____

PERMIT HOURS REQUESTED: _____

The undersigned hereby requests a waiver of the open container provisions pursuant to the Town of Saratoga Municipal Code 5.08.210(4) for the above listed event

Applicant Signature: _____ Date: _____

Approval

Date: _____

Mayor: _____

Clerk: _____

Copies to:
Saratoga Police Department