

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:** \_\_\_\_\_

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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: \_\_\_\_\_

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**Approval**

Date: \_\_\_\_\_

Mayor: \_\_\_\_\_

Clerk: \_\_\_\_\_

Copies to:  
Saratoga Police Department