



441 Third Street, P.O. Box 626  
Mead, CO 80542  
[www.townofmead.org](http://www.townofmead.org)  
970-535-4477

<b>STAFF USE ONLY</b>	
Date Submitted	___/___/___
Fee:	_____
Deposit:	_____

**TEMPORARY USE APPLICATION FORM**

**Project / Event Address:** \_\_\_\_\_

**Proposed Date(s):** \_\_\_\_\_

**Applicant Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Applicant Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**E-mail** \_\_\_\_\_

**PROJECT DESCRIPTION**

Project / Event Description: Please include the following information: (1) nature of business to be conducted; (2) proposed hours of operation; (3) number of people anticipated to attend; and (4) levels of traffic anticipated:

Will the project require the use of water and/or electricity? If yes, please provide information to clarify what is needed.

Will the project require the closure of any streets? If yes, please provide a map detailing the closure.

Will the project require a park reservation? If so, which park will be used and for what hours?

Park Reservation Form required.

Will alcohol be present?  Yes  No

If yes, an alcohol permit application or special event permit application must be completed and approved prior to the temporary use permit being issued.

**SITE PLAN**

A site plan prepared to the following specs and including the following info is required:

- 8 1/2" X 11" plan sheet
- Plan drawn to scale electronically or drawn by hand with straight edge
- Distances from roadways
- Distances between structures
- Heights of proposed structures
- Proposed site access points
- Proposed parking areas
- Photos/renderings of proposed structures
- Signage plan indicating dimensions, materials and locations of proposed signs
- Name(s) of contractors/vendors associated with project
- If site is not paved, show location of tracking pad(s) to be used to prevent mud from escaping site

**PROPERTY OWNER**

Property Owner Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Property Owner Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail \_\_\_\_\_

Permission to use property must be attached.

**ADDITIONAL DOCUMENTS**

- Certificate of Insurance
- Weld County Health Department Certificate for Food Service
- State of Colorado Sales Tax License
- License from County or Other City/Town

**AFFIDAVIT**

I certify that the information and exhibits I have submitted are true and correct to the best of my knowledge. In filing this application, I am acting with the knowledge and consent of the property owners. I understand that all materials and fees required by the Town of Mead must be submitted prior to having this application processed.

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