



ST. MARY'S COUNTY, MARYLAND
TEMPORARY USE PERMIT APPLICATION



Please Fill Out the Following Information COMPLETELY. An Incomplete Application May Delay Processing of Your Permit.

Zoning Permit Fee - \$20
(Payable to St. Mary's County Commissioners)
Paid Check ___ Cash ___
Processed by _____

Owner:
Mailing Address:

Applicant:
Mailing Address:

Phone:
E-mail:

Phone:
E-mail:

If you want another agent contacted by reviewing agencies, provide information below:

Name:
Address:

Phone:
FAX:
E-mail:

The Property: Street Address: _____

Tax Map: _____ Block: _____ Parcel: _____ Size of Property _____ Deed Reference: _____

Subdivision: _____ Sec: _____ Block: _____ Lot: _____

Zoning: _____ Critical Area Zoning: _____ Floodplain Zone: _____ Airport Overlay Zone: _____

Directions from Leonardtown to the property. (Be specific; include all roads, left and right turns, etc.)

Permit Request (describe the type of event you are planning):

Month/Day(s) of the Event:

- January _____
- February _____
- March _____
- April _____
- May _____
- June _____
- July _____
- August _____
- September _____
- October _____
- November _____
- December _____

Time(s) event is to be held for each day the event is to be held: (attach additional page(s) if needed)

Date _____
Staff will be on site from _____ to _____.
The Public will be on site from _____ to _____.

Date _____
Staff will be on site from _____ to _____.
The Public will be on site from _____ to _____.

Date _____
Staff will be on site from _____ to _____.
The Public will be on site from _____ to _____.

Number of attendees anticipated per day:

IF ACTUAL ATTENDANCE EXCEEDS YOUR ESTIMATE YOUR PERMIT WILL BE CONSIDERED NULL AND VOID AND YOUR EVENT WILL BE CANCELLED.

Date _____	Date _____	Date _____
50-100	50-100	50-100
101-300	101-300	101-300
301-500	301-500	301-500
501-999	501-999	501-999
1,000-3,000	1,000-3,000	1,000-3,000
More than 3,000	More than 3,000	More than 3,000

IT IS THE RESPONSIBILITY OF THE APPLICANT TO TRACK ATTENDANCE AT THE EVENT. ATTENDANCE INFORMATION MUST BE AVAILABLE ON-SITE FOR REVIEW BY LOCAL LAW ENFORCEMENT.

Target group(s) for event attendees? (Please check all that apply)

- Adult Teenagers
- Children Seniors

Tickets?

- Sold prior to event only _____
- At the gate only _____
- Both prior and at gate _____

If a ticket agent is being used, which one? _____

Will alcohol be served? yes no

Liquor license required or permission to serve at a special event required? yes no
Liquor License Number _____

Will food be available? yes no

Public Water: yes no **Public Sewer:** yes no **Portable Toilets:** yes no
(if yes) **How many?:** _____

Source of Electricity? _____

Will you have Music? yes no

Band yes no **or** **DJ** yes no

Any other type of music? yes no

Explain: _____

Will you have Vendors (Please check all that apply)

- Food Beer T-Shirts
- Records/CD's Pamphlets Other
- If other, explain _____

Will you have Temporary Structures (please check those that apply)

Tent(s) yes no (if yes) **Size & Type of Tent(s)** _____

(if yes) **Will the tent have sides?** yes no

Stage(s) yes no (if yes) **Size & Type of Stage(s)** _____

Vendor Stand(s) yes no **How many different vendors?** _____

Other structure(s) yes no

(if yes) **Size & Type of Structure** _____

Are fireworks planned for the event? yes no

