



TEMPORARY USE PERMIT APPLICATION

110 W. Maddux St., Ste. 215, Branson, MO 65616, 417-337-8549/Fax 417-334-2391

Office Use Only	
Permit Number	
TU	
Date Applied	

Property Information

Temporary Use 911 Property Address _____

Property Owner _____ Owner is applicant

Contact Name _____ Email _____

Mailing Address _____ Phone _____

Applicant Information (if different from property owner)

Name _____ Email _____

Mailing Address _____ Phone _____

Temporary Use Type / Fee (only one use per application)

Check **ONE** box that describes your Use Type and complete the attached worksheet.

Charitable Drop Box (\$10)	Construction Field Office/Storage Yard (\$55)	Farmer's Market (\$55)	Food Truck (\$55)
Outdoor Sales/Promotional Event (\$55)	Portable Storage Unit (\$10)	Public Event on Private Property (\$55)	Recycling Drop-Off Center (\$10)
Searchlights (\$10)	Seasonal Sale (\$55)	Temporary Office (\$10)	Temporary Vehicle Wash (\$10)

Property Owner Permission

I give consent to the applicant to access the property identified above for the purpose described on this application.

Property Owner/Authorized Agent Signature _____ Print Name _____ Date _____

Applicant Acknowledgment

In signing this application for permit, the applicant acknowledges all information provided is complete and accurate. The applicant also agrees to abide by the regulations of the Branson Municipal Code.

Applicant Signature _____ Print Name _____ Date _____

Office Use Only								
✓	Description	Comments			✓	Description	Comments	
	Zoning District					Site plan (attached)		
	Total cumulative days					Health Dept. permits (attached)		
	Occurrences per year					Operating rules (attached)		
	Active building permit	#				FAA approval (attached)		
	Active business license							
	Sign type	Qty.	Qty.	Qty.	Other Department(s) Notified	Fire	Utilities	PW
		Y:	B:	A:				
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		Approved by _____		Date _____		Review time _____		

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Duration

Temporary Use 911 Property Address _____

1. Enter date(s) and time(s) of use. If more space is required, complete and attach an additional worksheet.

Date of Occurrence/Date Range	Frequency of Temporary Use (e.g. every Tuesday, only weekend, etc.)	Hrs. of Operations Sunday-Thursday: 7 am-11pm Friday-Saturday: 7 am-12 am
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Site Plan

2. Attach a site plan that includes the required details listed below:

- Property 911 address
- Property lines, setbacks, and North arrow
- Temporary use location/area
- Location of vendor booths

Additional Information

3. How many vendors will be on-site?

_____ Agricultural vendors (max. 25)
 _____ Non-Agricultural vendor (max. 5 per every five vendors of agricultural product)

4. Attach an established set of operating rules that govern the farmer’s market. Include the following:

- Maintenance
- Insurance
- Security requirements and responsibilities
- Name of market manager who directs the operations of all vendors

Permit(s) and License

5. Taney County Health Department:

Temporary Food Event Vendor Permit has been issued. No Yes: attach a copy of the permit

6. City of Branson Business License has been issued. No Yes