Application for a Temporary Permit

Street Closure ☐ Sidewalk Closure ☐ Vendors Exhibits ☐ Community Bldg. ☐

Vendor Count _____ Vendor Type(s) _____
(food, entertainment, crafts, etc.)

Requested Location:

_____

_____

_____

_____

Description of Activity:

_____

_____

_____

_____

Start Date: _____ **End Date:** _____

Time: From: _____ **To:** _____

Applicant:
Name: _____ Date: _____

Address: _____

Phone Number: _____ Email: _____

Staff use only:
Permit Fee when applicable: _____ Paid on _____ (date)

Approved by Council on: _____ (date)

Authorization Signature: _____

Email: 4townofsutton@gmail.com
Phone: 304-765-5581

Website: suttonwv.com
Fax: 304-765-7678