

CITY OF CALIPATRIA  
125 North Park Avenue  
Calipatria, CA 92233



Telephone: 760.348.4141  
Fax: 760.348.7035

## Application for Temporary Use Permit

### APPLICANT INFORMATION

Applicant's Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Business/Organization Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

### PROPERTY OWNER INFORMATION

Owner's Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Physical Address \_\_\_\_\_ APN \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

### ACTIVITY INFORMATION

Name of Activity \_\_\_\_\_

Dates of Activity \_\_\_\_\_ Hours of Operation \_\_\_\_\_

Expected Number of  
Attendees Per Day \_\_\_\_\_

Description of Activity \_\_\_\_\_

### Required Attachments:

- Site Plan (Structure(s) Location/Parking Location/Power Services, Etc)
- Notarized Property Owner Authorization (if applicant is other than property owner)
- Copy of valid Business License
- Copy of valid Food Facility Permit by County Public Health Department (if involves food sales)
- Copy Board of Equalization /Permit or sub-permit (1-800-400-7115)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

RELATED FEES: \$ \_\_\_\_\_ FEE RECEIVED: \$ \_\_\_\_\_

DATE APPLICATION WAS RECEIVED: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_

APPROVAL DATE \_\_\_\_\_ APPROVAL SIGNATURE: \_\_\_\_\_