



**CITY OF FOUNTAIN  
APPLICATION FOR TEMPORARY USE**

<b>Applicant/Business Name:</b>	<b>Phone #:</b>
<b>Applicant/Business Address:</b>	
<b>Property Owner Name:</b>	<b>Phone #:</b>
<b>Property Owner Address:</b>	
<b>Location/Address of Temporary Use:</b>	
<b>Tax Schedule #:</b>	<b>Zoning:</b>
<b>Type of Temporary Use:</b>	
<b>First Date of Operation:</b>	
<b>Last Date of Operation:</b>	
<b>Hours of Operation:</b>	

**Requirements:**

1. **Written authorization from property owner must be provided;**
2. **A site plan must be submitted showing the location of the use, off-street parking, access, setbacks, lot dimensions and the location of structures on the property;**
3. **A business license must be obtained. A business license is required for all nonprofit and for-profit businesses located or conducting work within the city limits;**
4. **Safe access and adequate off-street parking shall be provided for the use. If applicable, an access permit and/or approval from the El Paso County Department of Public Works or Colorado Department of Transportation is required prior to City Zoning Administrator approval;**
5. **May require El Paso County Department of Health & Environment inspection and/or approval (a Health Certificate is required if food items are not prepackaged); and**
6. **Any temporary use causing a dust problem will require dust control acceptable to the El Paso County Department of Health & Environment.**

I hereby certify that I am the applicant named herein and that the foregoing statements contained herein and the information provided is in all respects true and accurate to the best of my knowledge and belief.

<b>Signature of Applicant:</b>	<b>Date:</b>
<b>Title of Applicant:</b>	

<b>Signature of Zoning Administrator:</b>	<b>Date:</b>
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**Conditions:**

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<b>For Office Use Only:</b>	
<b>Date Received:</b>	<b>Received By:</b>
<b>Written Authorization from Property Owner:</b>	<b>Business License:</b>
<b>Access Approval (if applicable):</b>	<b>Site Map:</b>
<b>Health Dept. Approval (if applicable):</b>	

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