

**TOWN OF SARATOGA – PERMIT APPLICATION
REQUEST FOR WAIVER OF OPEN CONTAINER LAW**



Permit No. _____
Permit Fee: \$25.00 Fee Paid: _____ Receipt No. _____

Pursuant to the Town of Saratoga Municipal Code, the governing body and Town Clerk are authorized to issue a permit which waives the Town's container restrictions as defined in the Town of Saratoga Municipal Code 5.08.210(4)

APPLICANT NAME: Saratoga Platte Valley Chamber
NAME OF EVENT: Brewfest
ADDRESS (City/State/Zip): PO Box 1095 Saratoga, ny 82331
TELEPHONE NO. 307-326-8855

IF APPLICANT IS REPRESENTING AN ORGANIZATION, PLEASE PROVIDE THE FOLLOWING:

ORGANIZATION NAME: Saratoga Platte Valley Chamber
ORGANIZATION ADDRESS: PO Box 1095 Saratoga ny 82331
ORGANIZATION TELEPHONE NO. 307-326-8855

IS THE APPLICANT THE CONTACT PERSON FOR THE EVENT: _____
If no, Please provide Name/Telephone Number and Address of contact person: _____

LOCATION OF EVENT: Veterans Island
DATE(S) OF EVENT: August 3rd 2024
PERMIT HOURS REQUESTED: 1pm - 5pm

The undersigned hereby requests a waiver of the open container provisions pursuant to the Town of Saratoga Municipal Code 5.08.210(4) for the above listed event.

Applicant Signature: [Signature] Date: 5-9-2024

Approval

Date: _____

Mayor: _____

Clerk: _____

Copies to:
Saratoga Police Department