

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: Joe Elder
NAME OF EVENT: Saratoga Days
ADDRESS (City/State/Zip): PO Box 128, Saratoga, WY 82331
TELEPHONE NO. 307-326-7822

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

ORGANIZATION NAME: Saratoga Days Committee
ORGANIZATION ADDRESS: PO Box 128, Saratoga, WY 82331
ORGANIZATION TELEPHONE NO. 307-326-7822

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

LOCATION OF EVENT: Bridge Ave between 15th and River Street
DATE(S) OF EVENT: July 5, 2025
PERMIT HOURS REQUESTED: 10 am to 11 pm

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: Joe Elder Date: 5/24/25

Approval

Date: _____

Mayor: _____

Clerk: _____

Copies to:
Saratoga Police Department