

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: Susan Smith
NAME OF EVENT: 307 GoFast on Ice
ADDRESS (City/State/Zip): SARATOGA WY 82331
TELEPHONE NO. 307 321 1404

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

ORGANIZATION NAME: 307 GoFast
ORGANIZATION ADDRESS: SARATOGA WY 82331
ORGANIZATION TELEPHONE NO. 307 321 1404

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

LOCATION OF EVENT: SARATOGA LAKE
DATE(S) OF EVENT: 2/18/25 & 2/22/25
PERMIT HOURS REQUESTED: 8:00 AM - 6:00 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: Susan Smith Date: 1-2-25

Approval

Date: _____

Mayor: _____

Clerk: _____

Copies to:
Saratoga Police Department