



COMMUNITY/CHARITY CAR WASH PERMIT APPLICATION

(ALLOW 48 HOURS FOR PERMIT PROCESSING)

APPLICANT:

Name: _____ Daytime Phone: _____
Mailing Address: _____ Fax Number: _____
City/State/Zip: _____

Will the applicant be the contact person? YES or NO If other, please specify below:

Contact person: _____ Phone #: _____
Mailing Address: _____
City/State/Zip: _____

CAR WASH SPONSOR (if different than above):

Name: _____ Daytime Phone: _____
Mailing Address: _____ Fax Number: _____
City/State/Zip: _____

CAR WASH LOCATION INFORMATION:

Business Name: _____ Daytime Phone: _____
Site Address: _____ Fax Number: _____
City/State/Zip: _____

DATE(S) OF EVENT: _____ **TIME OF EVENT:** _____

CAR WASH DESCRIPTION: (include duration) _____

By affixing my signature hereto, I certify under penalty of perjury that the information furnished herein is true and correct to the best of my knowledge and that I am the owner of the premises where the work is to be performed, or I am acting as the owner's authorized agent. I further agree to hold harmless the City of Lakewood as to any claim (including costs, expenses and attorney's fees incurred in investigation of such claim) which may be made by any person, including the undersigned, and filed against the City of Lakewood, but only where such claim arises out of the reliance of the City, including its officers and employees, upon the accuracy of the information provided to the City as part of this application.

Signature of Authorized Agent/Owner _____
Date

OFFICE USE ONLY:

Permit #: _____ Tax Parcel #: _____
Permit Title: _____
Date Permit Application Received: _____ Received By: _____
Completed By: _____