



CITY OF STAMFORD
OFFICE OF OPERATIONS
CASHIERING & PERMITTING DIVISION
888 WASHINGTON BOULEVARD
P.O. BOX 10152
STAMFORD, CT 06904-2152

APPLICATION FOR SHOWMOBILE (MOBILE STAGE)

DATE OF APPLICATION: _____ DATE OF ACTIVITY: _____
Should be completed 10 days in advance of event

TIME REQUIRED: _____ TIME OF REMOVAL: _____

EVENT LOCATION: _____
(Park area or facility)

APPLICANT: _____
(Individual, firm or organization)

ADDRESS: _____

TELEPHONE: _____

FEES FOR SHOWMOBILE MUST BE PAID BY APPLICANT.

\$250 SHOWMOBILE FEE _____
(Date Paid)

LABOR COST \$450 (Set up and Removal): _____
(Amount, Date Paid)

SIGNATURE OF APPLICANT: _____

Must be signed by responsible officer of organization or firm if other than an individual applicant. Represents that the group will adhere to all Federal, State and Local Laws, Rules and Policies, and that failure to comply will result in revoking of this Permit.

PERMIT APPROVED: _____
Cashiering & Permitting Division Supervisor Date