



**CITY OF COUNTRYSIDE
CLERK'S OFFICE
SPECIAL USE REQUEST
AMUSEMENT OR SHOW LICENSE APPLICATION**

NAME & ADDRESS OF PARTY APPLYING FOR LICENSE: _____

LOCATION OF EVENT: _____

DESCRIBE REQUEST: _____

DATES & TIMES INVOLVED: _____

INSURANCE COVERAGE: _____

PERSON(S) TO BE CONTACTED REGARDING THIS PROJECT: _____

CATERER'S NAME, ADDRESS & PHONE NUMBERS: _____

SIGNATURE

City Use Only

Fee & Type of License: _____

Approval: _____

Date: _____