



# TEMPORARY USE PERMIT APPLICATION

110 W. Maddux St., Ste. 215, Branson, MO 65616, 417-337-8549/Fax 417-334-2391

Office Use Only	
Permit Number	
TU	
Date Applied	

## Property Information

Temporary Use 911 Property Address \_\_\_\_\_

Property Owner \_\_\_\_\_  Owner is applicant

Contact Name \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address \_\_\_\_\_ Phone \_\_\_\_\_

## Applicant Information (if different from property owner)

Name \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address \_\_\_\_\_ Phone \_\_\_\_\_

## Temporary Use Type / Fee (only one use per application)

Check **ONE** box that describes your Use Type and complete the attached worksheet.

Charitable Drop Box (\$5)	Construction Field Office/Storage Yard (\$50)	Farmer's Market (\$50)	Food Truck (\$50)
Outdoor Sales/Promotional Event (\$50)	Portable Storage Unit (\$5)	Public Event on Private Property (\$50)	Recycling Drop-Off Center (\$5)
Searchlights (\$5)	Seasonal Sale (\$50)	Temporary Office (\$5)	Temporary Vehicle Wash (\$5)

## Property Owner Permission

I give consent to the applicant to access the property identified above for the purpose described on this application.

\_\_\_\_\_  
 Property Owner/Authorized Agent Signature      Print Name      Date

## Applicant Acknowledgment

In signing this application for permit, the applicant acknowledges all information provided is complete and accurate. The applicant also agrees to abide by the regulations of the Branson Municipal Code.

\_\_\_\_\_  
 Applicant Signature      Print Name      Date

Office Use Only								
✓	Description	Comments			✓	Description	Comments	
	Zoning District					Site plan (attached)		
	Total cumulative days					Health Dept. permits (attached)		
	Occurrences per year					Operating rules (attached)		
	Active building permit	#				FAA approval (attached)		
	Active business license							
	Sign type	Qty.	Qty.	Qty.	Other Department(s) Notified	Fire	Utilities	PW
		Y:	B:	A:				

Approved       Denied      \_\_\_\_\_  
 Approved by      Date      Review time

**Duration**

Temporary Use 911 Property Address \_\_\_\_\_

Food Truck Name \_\_\_\_\_

1. Enter date(s) and time(s) of use. If more space is required, complete and attach an additional worksheet.

**Date of Occurrence/Date Range**

Food Truck up to 52 days  
Vending cart unlimited

**Frequency of Temporary Use**

(e.g. every Tuesday, only weekend, etc.)

**Hrs. of Operations**

Sunday-Thursday: 7 am-11pm  
Friday-Saturday: 7 am-12 am

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**Site Plan**

2. Attach a site plan that includes the required details listed below:

- Property 911 address
- Property lines, setbacks, and North arrow
- Location of food truck/vending cart
- Location of parking spaces adjacent to food truck
- Location of temporary sign
- Location of public restroom
- Location of public seating: maximum of (12) seats allowed and must be with 50 feet of truck
- Location of exterior lighting
- Location of trash and recycling receptacles

**Temporary Sign - A-Frame: (1) sign permitted**

3. Sign width \_\_\_\_\_ x height \_\_\_\_\_ = \_\_\_\_\_ sq. ft.                      Distance from food truck = \_\_\_\_\_ ft.

**Additional Information**

4. Does food truck have exterior lighting?     No     Yes: indicate location on site plan.

5. Will there be outdoor seating?     No     Yes: up to (12) outdoor seats are allowed in addition, restrooms must be available for public use.

**Permit(s) and License**

6. Address where fats, oils and grease will be disposed: \_\_\_\_\_

7. Taney County Health Department:

A Mobile Food Vendor Permit has been issued.     No     Yes: attach a copy of the permit

8. City of Branson Business License has been issued.     No     Yes