

**CMB ONE DAY PERMIT APPLICATION**

**CITY OF NEW STRAWN, KANSAS**

DATE OF APPLICATION: \_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_

NAME OF ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE & ZIP CODE: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

PLANNED FUNCTION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE OF FUNCTION: \_\_\_\_\_

SIGNATURE AND TITLE: \_\_\_\_\_

A fee of \$35.00 must be submitted with this application.

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Office Use Only

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APPROVED BY COUNCIL: YES \_\_\_\_\_ NO \_\_\_\_\_

DATE APPROVED: \_\_\_\_\_

FEE PAID: \_\_\_\_\_