

**OCCASIONAL PERMIT
APPLICATION**



City of Glendale
5850 W. Glendale Ave.
Glendale, AZ 85301
www.glendaleaz.com/taxandlicense

Account #

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FOR CITY USE ONLY	
<input type="checkbox"/> OCP	

1. BUSINESS INFORMATION	
Business Name:	
Business Address:	Street Address
	City, State, Zip
Applicant Contact:	Name
	Phone
	Email

2. EVENT INFORMATION	
Event Name:	
Event Location Address:	Street Address
	City, State, Zip
Event date(s):	Monday __/__/__ From _____ am/pm To _____ am/pm
	Tuesday __/__/__ From _____ am/pm To _____ am/pm
	Wednesday __/__/__ From _____ am/pm To _____ am/pm
	Thursday __/__/__ From _____ am/pm To _____ am/pm
	Friday __/__/__ From _____ am/pm To _____ am/pm
	Saturday __/__/__ From _____ am/pm To _____ am/pm
	Sunday __/__/__ From _____ am/pm To _____ am/pm

**For Questions or to obtain license over the phone by credit card call Tammy Hicks at 623 930-2209
Email: thicks@glendaleaz.com**

Amount Due
\$20.00

Signature _____ Date _____

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