

LIMITED DURATION LICENSE APPLICATION

Sampling - Super Celebration Sites

LDL — _____ (internal only)

Business Name: _____ Written Description of Location (blocks, addresses): _____ _____ <input type="checkbox"/> Private Property <input type="checkbox"/> Public Property, R.O.W. Site Plan or aerial photo included: <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Sampling Personnel: _____ Name: _____ Name: _____ Name: _____ Name: _____ Name: _____
Business Phone Number: _____ Note: Must be attended at all times during sampling Emergency Phone Contact Name(s): _____ _____	Waste Disposal Method (may be attached): _____ Trash Vendor/Contact: _____ Vendor Phone: _____
Dates of Operation: Opening Date: _____ Closing Date: _____	Applicant/Contact Information: Name: _____ Address: _____ _____ Phone Number: _____ Email Address: _____
Hours of Operation: Begin: _____ End: _____	By submitting this application, I agree to release, indemnify, and hold harmless the City of Indianapolis from any liability or claim of damage related to the activities identified herein whether caused by negligence of City or otherwise. I affirm, under the penalties for perjury, that the foregoing representations are true.
Type of Set Up: <input type="checkbox"/> Truck <input type="checkbox"/> Stand <input type="checkbox"/> None <input type="checkbox"/> Other: _____ Photo or mock-up included: <input type="checkbox"/> Yes <input type="checkbox"/> No	Signature: _____ Date: _____
Product/Brand Being Sampled: _____	

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