

CITY OF PAXTON
145 S. MARKET STREET
PO BOX 59
PAXTON, IL 60957

BOUNCE HOUSE PERMIT APPLICATION
CHAPTER 121 CODE OF PAXTON

NOTE: COMPLETED FORM MUST BE SUBMITTED AT LEAST 7 CALENDAR
DAYS PRIOR TO EVENT

NAME OF APPLICANT/OPERATOR: _____

APPLICANT ADDRESS: _____

APPLICANT PHONE #(S): _____

APPLICANT EMAIL: _____

OTHER CONTACT PERSONS: _____

EVENT LOCATION: _____

EVENT DATE(S): _____

EVENT TIME(S): _____

Set up time: _____ Tear down time: _____

ESTIMATED # OF ATTENDEES: _____

ESTIMATED # OF STAFF/VOLUNTEERS/PARTICIPANTS: _____

INSURER CONTACT INFORMATION*: _____

*ATTACH PROOF OF INSURANCE LISTING CITY AS ADDITONAL INSURED.

By executing this application the undersigned applicant represents that all of the information on this application is accurate and acknowledges that he/she has read and is familiar with and will abide by Chapter 121 of the Code of Paxton which, by reference, is incorporated herein.

Dated this _____ day of _____ 20_____.

Applicant/Operator

FOR CITY USE

_____ Insurance reviewed

_____ Event reviewed

This application is hereby approved/denied (circle one) the date appearing below.

Duly Authorized City Officer

Date