BROKEN ARROW
Where opportunity lives

APPLICATION FOR TENT PERMIT - As part of a SPECIAL EVENT

PROPOSED LOCATION OF TENT (S)

Name of Event: _____

At (location)_____
Number (Street Name)

Is this a City of Broken Arrow facility or park? YES or NO
If yes, which facility or park: _____

Dates of Use:

From: _____
(Month/Day/Year)

To: _____
(Month/Day/Year)

Installation Date: _____
(Month/Day/Year)

Time: _____

Pick up Date: _____
(Month/Day/Year)

Time: _____

Tent must be picked up within 48 hours of close of event.

Identify the following:

Tent Size: Length _____
Width _____ Number of Tents: _____
Height _____

Tent Size: Length _____
Width _____ Number of Tents: _____
Height _____

Tent Size: Length _____
Width _____ Number of Tents: _____
Height _____

Tent Size: Length _____
Width _____ Number of Tents: _____
Height _____

Total Cost of Tent (s): $_____

_____
Installing Contractor Company Name

Contact Person: _____

_____
City of Broken Arrow Registration Number

Mailing address:_____

_____
Telephone

_____
Telephone

All Applicants must submit a site plan (a site survey is an acceptable alternative). On the plan, show lot lines, buildings, placement of tent and access points for emergency vehicles. Attach Site plan to this application.
NOTE: Application must include a letter stating Flame Retardant specifications.

_____
Applicant Printed Name

_____
Signature

_____
Mailing Address: No., Street, City, and Zip

_____
Telephone

Revised: 5/25/2016