



TEMPORARY USE PERMIT APPLICATION

110 W. Maddux St., Ste. 215, Branson, MO 65616, 417-337-8549/Fax 417-334-2391

Office Use Only	
Permit Number	
TU	
Date Applied	

Property Information

Temporary Use 911 Property Address _____

Property Owner _____ Owner is applicant

Contact Name _____ Email _____

Mailing Address _____ Phone _____

Applicant Information (if different from property owner)

Name _____ Email _____

Mailing Address _____ Phone _____

Temporary Use Type / Fee (only one use per application)

Check **ONE** box that describes your Use Type and complete the attached worksheet.

Charitable Drop Box (\$10)	Construction Field Office/Storage Yard (\$55)	Farmer's Market (\$55)	Food Truck (\$55)
Outdoor Sales/Promotional Event (\$55)	Portable Storage Unit (\$10)	Public Event on Private Property (\$55)	Recycling Drop-Off Center (\$10)
Searchlights (\$10)	Seasonal Sale (\$55)	Temporary Office (\$10)	Temporary Vehicle Wash (\$10)

Property Owner Permission

I give consent to the applicant to access the property identified above for the purpose described on this application.

Property Owner/Authorized Agent Signature _____ Print Name _____ Date _____

Applicant Acknowledgment

In signing this application for permit, the applicant acknowledges all information provided is complete and accurate. The applicant also agrees to abide by the regulations of the Branson Municipal Code.

Applicant Signature _____ Print Name _____ Date _____

Office Use Only									
✓	Description	Comments			✓	Description	Comments		
	Zoning District					Site plan (attached)			
	Total cumulative days					Health Dept. permits (attached)			
	Occurrences per year					Operating rules (attached)			
	Active building permit	#				FAA approval (attached)			
	Active business license								
	Sign type	Qty.	Qty.	Qty.	Other Department(s) Notified	Fire	Utilities	PW	
		Y:	B:	A:					
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		Approved by _____		Date _____		Review time _____			

City of Branson
Temporary Use Permit Worksheet

Office Use Only

Permit Number

TU

Duration

Temporary Use 911 Property Address _____

Business Name _____

1. Date of operation: _____ to _____
Start Date End Date

Site Plan

2. Attach a site plan that includes the required details listed below:

- Property 911 address
- Property lines, setbacks, and North arrow
- Temporary use location

Additional Information

Check the box that applies to the use type being applied for and answer the applicable question(s).

Construction Field Office/Storage Yard

3. Will a shed, warehouse, or open air storage be erected? No Yes: indicate location on site plan

Temporary Office Facility

4. Will use be for a real estate sales office? No Yes

Permit

5. This use is associated with an active building permit? No Yes: permit #: _____

6. Permit project type: Residential Commercial