

# CITY OF FORT PIERRE

## OPEN CONTAINER SPECIAL PERMIT

NAME			
ADDRESS	CITY	STATE	ZIP
LOCATION: <input type="checkbox"/> COMMUNITY YOUTH INVOLVED CENTER <input type="checkbox"/> FORT PIERRE FIRE HALL <input type="checkbox"/> CITY PARK <input type="checkbox"/> OTHER _____ _____ _____			
PARTY RESPONSIBLE _____		REASON FOR ACTIVITY _____ _____ _____	
DATE AND TIME PERMIT TO BE IN EFFECT DATE _____ TIME _____			
_____ SIGNATURE OF PERMIT HOLDER			
DATE OF COUNCIL APPROVAL _____			
_____ MAYOR			
ATTEST:  _____ FINANCE OFFICER			