

**Please download the form and open it with ADOBE READER in order to submit it via email!
An active email account is needed.**

**CITY OF METTER
APPLICATION FOR PERMIT TO EXCEED**

Date: _____

Applicant Name: _____

Applicant Address : _____

Telephone #: _____

Date of Event: _____

Name of Event: _____

Address/Location of Event: _____

Description/Details of Event: _____

Expected number of persons in attendance: _____

Beginning Time of Event: _____ **Ending Time of Event:** _____

Event Chairman (Person to be responsible for its conduct):

Telephone #: _____

Address: _____

If Event is proposed to be conducted for, on behalf of, or by an organization, please provide the following information:

Name of Organization:

Address: _____ **Presiding Officer:** _____

Telephone #: _____ **Address:** _____

I have received a copy of the City of Metter Permit to Exceed Ordinance.

Applicant Signature: _____ **Date:** _____

Phone Number: _____

Application Fee: \$15.00 **Date Paid:** _____ **Amount:** _____

Security Deposit: \$100.00 **Date Paid:** _____ **Amount:** _____

Received by: _____

Date: _____

9.20.120 – The purpose of this deposit is to secure the performance of the party requesting the permit to exceed. Upon satisfaction of all of the conditions of the permit to exceed, such deposit shall be immediately refunded to the applicant.

Deposit Refunded: Yes _____ No _____ **Date:** _____

Approved by Metter Police Department: _____

Denied by Metter Police Department: _____

Date: _____

Conditions: _____
