

CITY OF GARLAND		PERMIT#		
P.O. BOX 469002, 800 MAIN STREET				
GARLAND, TX 75040-6299				
OFFICE (972) 205-2300 FAX (972) 205-2839		DATE RECE	IVED:	
INSPECTION REQUEST: (972) 205-2300			•	
http://www.garland.x.gov				
SALE ADDRESS				
NAME OF BUSINESS				
ENTITY CONDUCTING SALE			PHONE	
BUSINESS OWNER		PHONE		
MAILING ADDRESS	CITY	STATE	ZIP	
MARLENG ADDRESS		GIMIL	211	
WE REQUIRE AN ACCURATE SITE PLAN DRAY LOCATIONS, SPECIAL ACTIVITIES AND THE LO- LOCATION, LOCATION OF MERCHANDISE, AND ONLY MERCHANDISE SOLD SHALL BE SIMILAR T	CATION OF THESE ACTIVE SEATING(IF APPLICABLE)	ITIES, IF THERE IS A). THIS PERMIT IS IS	TENT WE WILL NEE	D TO KNOW THE
MERCHANDISE TO BE SOLD:			TO:	
NUMBER OF PEOPLE EXPECTED:	TIME O	F SALE: FROM:	TO:	
SPECIAL ACTIVITIES:				
SALES TO BE HELD: (CHECK ALL THAT APPLY)				
INSIDEOUTSIDEBUILDING	TENTINSU	RANCE BOND	_ TENT CERTIFICATE (OF FIRE PROOFING
NOTICE TO APPLICANT This permit is issued on a provisions and requirements of the City of Garland Code of submitted. This permit holder is required to use only subcon	Ordinances and any other applica	able ordinances of the City	, regardless of information	and/or plans
PRINT NAME_				
			-	
SIGNATURE			_ DATE	
DL#	EXP. DATE		D.O.B	
FOR OFFICE USE ONLY V				
			PERMIT :	
ZONING DATE	REVIEWED	BY:	TENT:	
			TOTAL:	
SPECIAL INSTRUCTIONS:				

Revised 03/10