



North Dakota

Special Use Permit

Date: _____

Name: _____

Address: _____

Reason for Special Use Permit:

Location of Event: _____

Date(s) and Time of Event: _____

Expected Attendance: _____

Number of Bathrooms Available: _____

Number of Bathrooms/Portable Restrooms Needed: _____

(1 if under 15; 2 if 16-25; 3 if 25-45)

City Council Approval: Yes _____ No _____

Special Conditions:

City Auditor Signature: _____