



# COMMUNITY/CHARITY CAR WASH PERMIT APPLICATION

(ALLOW 48 HOURS FOR PERMIT PROCESSING)

**APPLICANT:**

Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

**Will the applicant be the contact person? YES or NO If other, please specify below:**

Contact person: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

**CAR WASH SPONSOR (if different than above):**

Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

**CAR WASH LOCATION INFORMATION:**

Business Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_  
Site Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

**DATE(S) OF EVENT:** \_\_\_\_\_ **TIME OF EVENT:** \_\_\_\_\_

**CAR WASH DESCRIPTION:** (include duration) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By affixing my signature hereto, I certify under penalty of perjury that the information furnished herein is true and correct to the best of my knowledge and that I am the owner of the premises where the work is to be performed, or I am acting as the owner's authorized agent. I further agree to hold harmless the City of Lakewood as to any claim (including costs, expenses and attorney's fees incurred in investigation of such claim) which may be made by any person, including the undersigned, and filed against the City of Lakewood, but only where such claim arises out of the reliance of the City, including its officers and employees, upon the accuracy of the information provided to the City as part of this application.

\_\_\_\_\_  
**Signature of Authorized Agent/Owner** \_\_\_\_\_  
**Date**

**OFFICE USE ONLY:**

Permit #: \_\_\_\_\_ Tax Parcel #: \_\_\_\_\_  
Permit Title: \_\_\_\_\_  
Date Permit Application Received: \_\_\_\_\_ Received By: \_\_\_\_\_  
Completed By: \_\_\_\_\_