

APPROVAL #: _____

DATE: _____

**CITY OF KALISPELL
APPLICATION FOR TEMPORARY SIGN AUTHORIZATION
SPECIAL EVENT DISPLAYS**

BUSINESS ADDRESS

SIGN OWNER

Owner: _____

Doing Business As: _____

Address: _____

Telephone: _____

CHECK CATEGORY OF PROPOSED SIGN(S):

_____ Banner _____ Portable Reader Board _____ Balloons/Pennants _____ Other

List Below:

- What will be displayed
- Where it will be displayed
- How long it will be displayed

(Special Event Displays cannot be displayed more than 14 days within a 6 month period)

I hereby certify under penalty of perjury and the laws of the State of Montana that the information submitted herein, on all other submitted forms, documents, plans or any other information submitted as part of this application, to be true, complete, and accurate to the best of my knowledge. Should any information or representation submitted in connection with this application be incorrect or untrue, I understand that any permit based thereon may be rescinded or other appropriate action taken.

Signed: _____ Date: _____

Fee: **\$30.00** CASH _____ CHECK # _____ RECEIPT # _____

Approved: _____ Title: _____ Date: _____