



City of Zimmerman

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Zimmerman, MN 55398

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www.zimmerman.govoffice.com

Permit Number

EVENT PERMIT APPLICATION

CONTACT INFORMATION

APP. DATE _____ HOME PHONE _____ WORK PHONE _____

EMAIL ADDRESS: _____

Applicant's NAME _____

Applicant's ORGANIZATION _____

ADDRESS _____

CITY/STATE/ZIP _____

EVENT INFORMATION

TYPE OF EVENT _____

DATE(S) OF EVENT _____

TIME(S) _____

LOCATION OF EVENT _____

Signature of applicant: _____ Date: _____

Signature of issuing authority: _____ Date: _____

Approvals will be emailed unless requested otherwise.

For office use only: Date Received: _____ Received by: _____ Date Approved: _____