Permit #_____

Receipt # _____

Tunica County
Temporary Special Use Permit

Applicant Name: _____

Address: _____

Phone: _____

Owner's Name: _____

Address: _____

Phone: _____

Contact Person and number: _____

Description of Temporary Use:

_____

_____

Location: _____

Date of use: _____

Permit Fees: _____ Total…… $ _____

*** Attached site plan of area of use is required.**

APPLICANT SIGNATURE: _____ DATE: _____

APPROVED: _____ DATE: _____
County Planner

APPROVED: _____ DATE: _____
Director of the Planning and Development