

# CITY OF WHEATLAND

## JUMP/BOUNCER HOUSE PERMIT APPLICATION



### APPLICANT INFORMATION

Applicant's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Contact Person "On Site" Day of Event: \_\_\_\_\_  
First \_\_\_\_\_ Last \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

**Please Complete Section below Only If Person in Charge of Event is Different Than Applicant**

"Person in Charge of Event" Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

### EVENT INFORMATION

Date of Event: \_\_\_\_\_ Event Location: \_\_\_\_\_  
Event Name/Purpose of Event: \_\_\_\_\_  
# of Jump Houses at event: \_\_\_\_\_ # of Generators to be used: \_\_\_\_\_  
Type of Jump House at event: \_\_\_\_\_  
Time Setting up: \_\_\_\_\_ Event Starting Time: \_\_\_\_\_  
Time Ending: \_\_\_\_\_ Finish Dismantling Time: \_\_\_\_\_

### VENDOR INFORMATION

Company Name of Vendor : \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Main Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

### RULES & REGULATIONS

1. Permit form must be filled out and submitted within five (5) working days of event.
2. A damage deposit of \$150.00 will be collected at least ten (10) working days of event.
3. Must provide a valid Certificate of Insurance for a minimum of one million dollars liability coverage.
4. There must be a site visit walk-thru with the City staff person prior to the scheduled event.
5. Vendors must supply their own generators. The City will not provide access to electrical outlet.
6. After event, the City staff will make a final walk-thru to determine if any damage has occurred.
7. If damage has occurred and it was determined to be caused by the event, the City will estimate damage to determine if all or part of damage deposit should be returned to applicant.

### AGREEMENT AND SIGNATURE

I, the undersigned representative, have read the rules and regulations with reference to this application. The information contained herein is complete and accurate.

Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_  
Signature: \_\_\_\_\_

### PAYMENT AND REFUND INFORMATION

Damage Deposit Paid: \$ _____	Date Received _____	Cash <input type="checkbox"/>	Check # _____
Deposit Refund Returned \$ _____	Date Refunded _____	Cash <input type="checkbox"/>	Check # _____