

City of Carmel
Private Traffic Control Location Permit Application
The \$500.00 permit fee* must be tendered with this application.
Cash or Certified Check Only

Business Name: _____
Contact Person: _____
Address: _____
City, State, Zip: _____
Phone: _____

Identify the owner of the premises to or from which you seek to employ a Private Traffic Control Officer to direct traffic: _____

Is the owner of the premises licensed to conduct business in Indiana? _____

What is the business address or other location at which you wish to employ a Private Traffic Control Officer:

Date(s) and time(s) of the proposed traffic control: _____

Indicate the specific intersection(s) or area(s) where you seek to direct traffic to, from, or on a public way, as well as your proposed method of traffic direction and control. In the box below, draw a diagram of this location, labeling each public way involved and your proposed traffic control pattern (or attach a suitable diagram):

Is the location permit applied for herein to be issued to an instrumentality of the City of Carmel, Indiana, the State of Indiana, the United States of America, an Indiana School Corporation or an Indiana not-for-profit corporation?

I swear or affirm under penalties of perjury that the above information is true, correct and complete.

Signature of Applicant: _____
Date: _____

*Applicants who seek the issuance of a Location Permit for the City of Carmel, Indiana, the State of Indiana, the United States of America, an Indiana School Corporation or an Indiana not-for-profit corporation need tender no permit fee. Carmel City Code Section 4-31(t).

STATE OF INDIANA)
) SS:
COUNTY OF _____)

Subscribed and sworn to before me, a Notary Public, in and for said County and State, this _____
day of _____, 20____.

Notary Public

Printed Name

My Commission Expires:

County of Residence

Approved _____
Denied _____

Chief of Police (Designee)

Permit Fee Received _____

Copy of Ordinance Provided _____

Date of Approval _____

NOTE: A Location Permit is valid for one (1) year from date of issuance.

Submit Completed Application To:

**Carmel Police Department
3 Civic Square
Carmel, Indiana 46032
Attention: Records Division**