

Charles County Department of Planning & Growth Management

Public Event Owner Affidavit

Event Information

Event Name:		Event Start Date:	
Name of Person, Group, or Business	Hosting the Event:		
Address of Event Location:			
	(Street)	(City)	(Zip Code)
	Property Owner Informa	<u>tion</u>	
Full Name(s) of Property Owner(s):			
Property Owner Address:			
	(Street)	(City)	(Zip Code)
Phone Number:	Email:		
hereby certify that I am the owner of the property on which this public event will take place and that I have been supplied with and have knowledge of all event information. I agree to comply with all applicable Federal, State, and County regulations and will grant Federal/State/County officials the right to access the property for the purpose of conducting County business in protecting the public's health, safety, and welfare as related to this public event.			
Property Owner Signature:		Date:	