

It is expressly understood and agreed that the undersigned agrees to maintain and leave all facilities in a clean, safe, and sanitary manner, at no cost to the City of Polson, and shall comply with all ordinances, conditions, statutes and regulations applicable thereto. Failure to do so will result in the undersigned paying all costs incurred by the City of Polson to return the premises to its original condition.

THE CITY OF POLSON RESERVES THE RIGHT TO REVOKE OR TERMINATE THIS PERMIT AT ANY TIME BY GIVING 30 DAYS WRITTEN NOTICE OF SUCH REVOCATION OR TERMINATION, EXCEPT THAT THE CITY MAY, AT ITS ELECTION, REVOKE OR TERMINATE THE PERMIT AT ANY TIME WITHOUT GIVING ANY NOTICE IF THE OWNER FAILS TO COMPLY WITH OR ABIDE BY EACH AND ALL OF THE PROVISIONS OF THIS PERMIT.

Further, the undersigned acknowledges that this special permit is active for the specified dates and times noted under the general conditions, and that the permit is nontransferable.

BY _____

ACKNOWLEDGEMENT

STATE OF MONTANA)
) ss.
County of Lake)

On this _____ day of _____, 20____, before me, a Notary Public for the State of Montana, personally appeared

_____,
Known to me to be the person(s) whose name(s) are subscribed to the above instrument and acknowledged to me that they executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Notarial seal the day and year first above written.

Notary Public for the State of Montana

Residing at _____
My commission expires: _____

PERMIT APPROVED ON THIS _____ OF _____, 20____.

PERMIT EXPIRES ON THE 31st DAY OF MARCH, 20____.

THE CITY OF POLSON

**BY _____
MAYOR OF POSLON**