Red Zone Application (4/1/2022)
Stewart House and Soames Dunn Additional Locker Areas

Craft seniority Number: ____________________  □ I had previous approval for Red Zone use.
□ This is my first application for Red Zone use.

Permit holder name(s): ____________________________________________________________
Last
First

Locker rented or subleased (if applicable): ____________________________________________

Item(s) in question: ________________________________________________________________

Square footage necessary to store item(s): ____________________________________________
(Example: a broken down 10’x10’ tent needs approximately 2’x2’ of space to store.)

In detail, explain how item(s) is a part of your setup or display:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

How often (on a weekly basis) is item(s) in use: ________________________________

Please designate the season in which item(s) is in use: ________________________________

Please designate how many “Approved Storage Stickers” you will need: __________________

Additional Comments: ____________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

STAFF USE ONLY:

Comments: ____________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

□ Approved  □ Denied  If approved - number assigned: __________

Designated space for storage: ______________________________________________________
_____________________________________________________________________________

Market Master: __________________________ Printed Name: _____________________________
Signature: ___________________________ Date: ____________________________

*Incomplete Applications will be returned and NOT processed until completed*