



APPLICATION
**TEMPORARY
OUTDOOR SALES**

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G E N E R A L I N F O	LOCATION OF PROJECT (ADDRESS)	ASSESSOR'S PARCEL NUMBER(S)	ZONING
	NAME OF PROPOSED PROJECT		GENERAL PLAN DESIGNATION
	APPLICANT NAME	BUSINESS PHONE () -	FAX () -
	APPLICANT ADDRESS	CITY STATE ZIP	EMAIL
	APPLICANT REPRESENTATIVE	BUSINESS PHONE () -	FAX () -
	APPLICANT REPRESENTATIVE ADDRESS	CITY STATE ZIP	EMAIL
	PROPERTY OWNER NAME (SIGNATURE REQUIRED BELOW)	BUSINESS PHONE () -	FAX () -
	PROPERTY OWNER ADDRESS	CITY STATE ZIP	EMAIL

P R O J E C T I N F O	DESCRIPTION OF TEMPORARY SALES	<input type="checkbox"/> NEW APPLICATION	<input type="checkbox"/> RENEWAL
	Project/Business Description		
	DATES AND HOURS OF PROPOSED SALE:		
	SUBMITTAL INFORMATION – See staff to determine which requirements apply		
	<input type="checkbox"/> New applications require a fully dimensioned site plan showing entrance, exit, and parking. <input type="checkbox"/> Vicinity Map with North Arrow <input type="checkbox"/> Neighborhood Context Map <input checked="" type="checkbox"/> Business license must be obtained from the Finance Department. <input type="checkbox"/> Fire Department Permit required. <input type="checkbox"/> Fee \$ _____		
	CONDITIONS OF APPROVAL <ul style="list-style-type: none"> Clearance of the sales area within three days of completion of business operations. Limitation to one sign not to exceed twenty (20) square feet in area, which cannot be installed prior to commencement of business operations. Sign shall not be located in vision triangle. Building permit in compliance with the uniform building code is required for all proposed electric work. Lighting must be reflected away from any premises on which a dwelling unit is located. Outdoor sales may be approved in retail zones. Christmas tree lots may also be allowed in other zones where deemed appropriate. Time limitation _____ A security deposit, cash or certified check only, in the amount of \$ _____, will be required for cleanup. 		
APPROVED BY: _____		DATE: _____	
PROPERTY OWNER'S CONSENT – I declare under penalty of perjury that I am the owner of said property or have written authority from property owner to file this application. I certify that I of the submitted information is true and correct to the best of my knowledge and belief. I understand that any misrepresentation of submitted data may invalidate any approval of this application.			
X _____			

D E P T	APPLICATION	RECEIVED BY	DATE	FEE RECEIVED \$	RECEIPT NUMBER
	PUBLIC HEARING	<input type="checkbox"/> REQUIRED <input checked="" type="checkbox"/> EXEMPT	DATE	FEE RECEIVED \$	RECEIPT NUMBER
	ENVIRONMENTAL REVIEW	<input type="checkbox"/> REQUIRED <input checked="" type="checkbox"/> EXEMPT <u>4</u>	DATE	FEE RECEIVED \$	RECEIPT NUMBER