

CRITERIA FOR USE OF CITY SIDEWALK/STREET

The City Council of the City of Mt. Pleasant has established the following criteria to be met prior to granting permission for the use of City sidewalks or streets for the display, sale, solicitation, and/or vending of goods or services.

Please complete the appropriate sections relating to your intended usage of the City sidewalk or street. Required documentation must be attached to this form in order to receive further consideration.

REQUEST SUBMITTED BY:

Name of business,
organization, or individual: _____

Address of above: _____

Person submitting request: _____

Title/position in above: _____

YES NO This request will require closure of the street or sidewalk
at the location described.
*(If "yes", accommodation must be made for the travel
of vehicles and/or pedestrians.)*

EVENT: _____

DATES REQUESTED: _____

LOCATION (Be Specific): _____

YES NO Certificate of Insurance covering this requested usage of
City property is attached.
(REQUIRED FOR ALL REQUESTS)

IF THIS REQUEST IS BEING MADE BY THE STORE/BUSINESS OCCUPYING THE
FRONTAGE AT THE REQUESTED LOCATION FOR THE PURPOSE OF THE
DISPLAY AND/OR SALE OF THEIR CUSTOMARY GOODS OR SERVICES, NO
ADDITIONAL INFORMATION IS REQUIRED. PROCEED TO PAGE 3.

* * * ALL OTHER SUBMITTERS MUST COMPLETE REVERSE SIDE * * *

If "no" and you answered "no" to the previous question, please complete and submit a request for a "Peddlers Permit pursuant to Chapter 16, City Code.

IF REQUIRED, A COPY OF THE "PEDDLERS PERMIT" MUST BE ATTACHED.

By my signature I verify that all the information provided within and attached to this request is true, accurate, and correct. I also verify that I am authorized to represent the party or parties noted above.

Signature of Submitter: _____

Date Submitted: _____

(Note: Completed requests with appropriate documentation attached will be considered by the Mt. Pleasant City Council at its next regularly scheduled meeting. The Mt. Pleasant City Council normally meets the second and fourth Wednesday of each month.)

Do not write below this line.

Information verified and approved by Staff: _____ DATE: _____

Approved by Mayor: _____ DATE: _____

Approved by City Council: _____ DATE: _____

Submitter Notified By: _____

DATE: _____