

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 travel of vehicles and/or pedestrians.)*

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 * * *

ADDITIONAL CRITERIA – ALL SECTIONS MUST BE COMPLETED

___ YES ___ NO Has contact been made with the operator of the store/business at this location?

___ YES ___ NO They are agreeable to this request.

* * * * *

TYPE OF ORGANIZATION MAKING REQUEST:

___ NON-PROFIT ___ PROFIT

(1) If non-profit, a copy of Federal IRS non-profit documentation (i.e., 501C3 or equivalent) must be attached. This required documentation may be waived for recognized local religious organizations or local units of nationally recognized non-profit groups such as Girl Scouts, Boy Scouts, Little League, etc.)

(2) All other requests by businesses, groups, or individuals must have a copy of their "Iowa Retail Sales Tax Permit" attached.

* * * * *

TO BE COMPLETED BY ALL SUBMITTERS WHO WILL BE PREPARING AND/OR SELLING FOODS FOR PUBLIC CONSUMPTION:

DATE "TEMPORARY FOOD PERMIT" APPLIED FOR: _____

NAME OF PERSON/AGENCY CONTACTED: _____

(For Staff Use: Application Verified By: _____ Date: _____

* * * * *

___ YES ___ NO Are you a bona fide resident of the State of Iowa who will be selling fruits, vegetables, dressed meats, fowl, or other farm products which were produced on land within the state, owned or controlled by you?

If "no" and you answer "no" to the following 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: _____

(rev: 4/2000)