



City Clerk's Office

TEMPORARY USE PERMIT Application
Outdoor Market

Organizer:		File #:	
<input type="checkbox"/> Complete application received Date:		<input type="checkbox"/> Permit issued <input type="checkbox"/> Permit denied Date:	
Organizer <input checked="" type="checkbox"/>	APPLICATION REQUIREMENTS:		Staff <input checked="" type="checkbox"/>
	Completed application		
	Copy of Organizer's driver's license or govt.-issued identification card		
	Application fee <ul style="list-style-type: none"> • \$150.00 – in a park • \$85.00 – not in a park 		
	Schedule of events		
	Route map, if applicable		
	Site plan, including:		
	<i>Date, project name</i>		
	<i>Existing structures, trees, landscaping, poles, walls, fences, berms, parking areas, vehicular drives, pathways, signs, etc.</i>		
	<i>Proposed structures, fencing, parking areas, and drive aisles (include dimensions)</i>		
	<i>Proposed locations of goods, vendors, and displays</i>		
	<i>Proposed locations of garbage receptacles</i>		
	<i>Proposed locations of first aid stations, drinking water sources, and restrooms</i>		
	<i>Proposed locations of temporary signs</i>		
	<i>Proposed locations of generators or power source</i>		
	Written consent of property owner(s) where market will be held		
	Proof of insurance policy <ul style="list-style-type: none"> • Names City of Meridian as additional insured • \$500,000.00 per person bodily injury • \$500,000.00 per occurrence bodily injury • \$500,000.00 per occurrence property damage 		
	Central District Health Dept. written approval and/or permits (if necessary)		
STAFF USE ONLY:			
City of Meridian Parks & Recreation Department approval (if applicable)			
City of Meridian Attorney's Office approval			
City of Meridian Police Department approval			
City of Meridian Planning Department approval			
City of Meridian Fire Department approval			
Central District Health Department approval (if applicable)			
Courtesy copy to Mayor			

THIS APPLICATION SHALL NOT BE CONSIDERED COMPLETE UNTIL ALL ITEMS ARE SUBMITTED



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ORGANIZER INFORMATION

Organizer name: _____ Phone: _____

Organizer email address: _____

Organizer mailing address: _____

Organizer physical address: _____

Agent upon whom service of process may be made in Idaho: _____

Organizer seeks permit on behalf of (*check one*):

Individual applicant/self Organizer tax identification no.: _____

Organization Organization name: _____

Mailing address: _____

Physical address: _____

Organization tax identification no.: _____

Tax-exempt per 26 U.S.C. § 501(c)? Yes No

PROPERTY INFORMATION

Location(s) of market: _____

Assessor's parcel number(s): _____

Current land use: _____ Current zoning district: _____

Applicant's interest in property: Own Rent Other _____

Owner name: _____ Phone: _____



MARKET INFORMATION

Name of market: _____

Date(s) of market: _____ *(Not to exceed 1 day per week)*

Hours of operation: _____

General description of market: _____

Persons and/or vendors who will operate under this permit *(List both mailing and physical addresses if not same; attach additional pages if necessary):*

Structures to be used *(dimensions, location, purpose):* _____

Parking area *(dimensions, location, surface):* _____

Security personnel and equipment: _____

Crowd control measures: _____

Traffic control measures: _____

Emergency communication and evacuation plan: _____

Clean up and tear down plan *(include dates/times + sign removal):* _____



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TEMPORARY SIGN INFORMATION

Temporary signs both on- and off- site: *(Not to exceed 10 signs @ 6 square feet each and 4 signs at 32 square feet each)*

Size 1: ____ Number of Size 1 signs: On-site Off-site

Location(s) of off-site signs: _____ Owner permission

Size 2: ____ Number of Size 2 signs: On-site Off-site

Location(s) of off-site signs: _____ Owner permission

INDEMNITY AND CERTIFICATION

I, _____, hereby agree to indemnify, save and hold harmless, and defend the City of Meridian from the expenses of and against any and all suits, actions, claims, and/or losses of every kind, nature, and description, including costs, expenses, and attorney fees that may be incurred by reason of any act, omission, neglect, or misconduct of myself and/or the organizers or operators of the use(s), activities, or events described or depicted in this application and/or the supporting documents, and/or any participant therein.

Print applicant name: _____

Applicant signature: _____ Date: _____

I, _____, hereby certify that damage to the properties, locations, and/or routes at or upon which the use(s), activities, or events described or depicted in this application and/or the supporting documents is not foreseeable, and that, if damaged, I alone shall incur any and all costs of restoring such properties, locations, and/or routes to their original condition.

Print applicant name: _____

Applicant signature: _____ Date: _____