



City Clerk's Office
 TEMPORARY USE PERMIT Application
 Temporary Sales Unit

Applicant:		File #:	
<input type="checkbox"/> Complete application received Date:		<input type="checkbox"/> Permit issued <input type="checkbox"/> Permit denied Date:	
Applicant <input checked="" type="checkbox"/>	APPLICATION REQUIREMENTS:		Staff <input checked="" type="checkbox"/>
	Completed application		
	Application fee – \$65.00		
	Site plan, including:		
	<i>Date, north arrow, project name, scale (not less than 1"=50")</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 power location and source- i.e. generator, temporary power pole, etc.</i>		
	Written permission of property owner(s) where temporary sales will occur		
	Central District Health Dept. written approval and/or permits (if necessary)		
STAFF USE ONLY:			
City of Meridian Police Department approval			
City of Meridian Attorney's Office approval			
City of Meridian Planning Department approval			
City of Meridian Fire Department approval			
Courtesy copy to Mayor			

THIS APPLICATION SHALL NOT BE CONSIDERED COMPLETE UNTIL STAFF HAS RECEIVED ALL REQUIRED INFORMATION.



City Clerk's Office
TEMPORARY USE PERMIT Application
Temporary Sales Unit

APPLICANT INFORMATION

Applicant name: _____ Phone: _____

Applicant email address: _____

Applicant mailing address: _____

Applicant physical address: _____

Applicant tax identification number: _____

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

PROPERTY INFORMATION

Location of temporary sales unit: _____

Assessor's parcel number(s): _____

Current land use: _____ Current zoning district: _____

Applicant's interest in property: Own Rent Other _____

Owner name: _____ Phone: _____

TEMPORARY SALES UNIT INFORMATION

Date(s) of temporary sales: _____

(Not to exceed 90 days per calendar year, per property)

Hours of operation: _____

Name and General description of temporary sales to be conducted *(including goods/services to be sold, traded, given away, offered, displayed, or delivered)*: _____

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



City Clerk's Office
TEMPORARY USE PERMIT Application
Temporary Sales Unit

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

Blank lines for structure details

Parking area to be used (dimensions, location, surface):

Blank line for parking area details

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):

Blank lines for cleanup and tear down plan

TEMPORARY SIGN INFORMATION

Temporary signs (on-site only): (Two (2) signs maximum not to exceed 16 square feet each)

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

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