



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: <i>THIS APPLICATION SHALL NOT BE CONSIDERED COMPLETE UNTIL <u>ALL</u> ITEMS ARE SUBMITTED</i>		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"> • \$85.00 - in a park • \$50.00 - not in a park • \$ 0 (with proof of 501 (c)3 status) 		
	~Meridian Fire Department Mobile Food Truck Inspection Fee - \$45.00 payable online: Fire Prevention and Permits ~ OR Proof of Current Fire Inspection sticker		
	Schedule of events		
	Route map, if applicable		
	Site plan, including:		
	Date, project name		
	Existing structures, trees, landscaping, poles, walls, fences, berms, parking areas, vehicular drives, pathways, signs, etc.		
	Proposed structures, fencing, parking areas, and drive aisles (include dimensions)		
	Proposed locations of goods, vendors, and displays		
	Proposed locations of garbage receptacles		
	Proposed locations of first aid stations, drinking water sources, and restrooms		
	Proposed locations of temporary signs		
	Proposed location of alcohol service area (if applicable)		
	Type of electrical being used (generator, temp power pole, etc.)		
	Written consent of property owner(s) where market will be held		
	Proof of insurance policy - see attached example for reference <ul style="list-style-type: none"> • Names City of Meridian as <u>additional insured</u> • \$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)		
	Alcohol Catering Permit – If alcohol will be served or sold		
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		
	City of Meridian Building Department approval (if applicable)		
	Central District Health Department approval (if applicable)		
	Courtesy copy to Mayor		



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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 (*Person responsible for receiving legal documentation on behalf of Applicant .:*) _____

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

(*If yes, must show IRS letter*)

PROPERTY INFORMATION

Location(s) of market: _____

Assessor's parcel number(s): _____

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: _____

Operations will include (*check all that apply*):

Mobile food preparation

Use of cooking oils

Production of smoke/vapors



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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):* _____

Type of electrical used for temporary structures: *(existing, temp power pole, generator, etc.)* _____

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):* _____



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.

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: _____

Temporary Uses in Meridian



SPECIAL EVENT • OUTDOOR SALES • TEMPORARY FOOD STAND

If your temporary use includes any of the following features, please make sure your plans include compliance with these Building and Fire Code requirements.



Tent - with walls

- Adequate anchorage
- Fire extinguisher (2A-10BC)
- Cooking with oil prohibited
- Fire inspection if over 400sf
- Fire inspection if 50+ occupants

Tent - open on all sides

- Adequate anchorage
- Fire extinguisher (2A-10BC)
- Cooking with oil prohibited
- Fire inspection if over 700sf
- Fire inspection if 50+ occupants

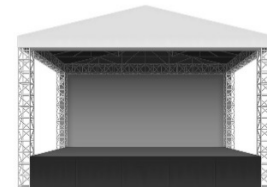


Accessory structure (shed)

- Fire extinguisher (2A-10BC)
- Building permit if over 120sf
- Building permit if cooking with oil

Temporary stage canopy

- Building permit
- Fire plan review and inspection



Portable generator

- Fire extinguisher (2A-10BC)
- 30' from combustible materials and vegetation
- Follow refueling protocol

Extension cord

- Commercial grade cords only
- Limit one extension cord (and one surge protector) per appliance
- Ampacity of cord(s) must match rated capacity of appliance
- Cords must be in good condition



More to know:

- Building permit requires: Code-compliant site plan, professional design and engineering, stamped plans, and any additional documents or information required by Fire or Building Codes for that particular use.
- These guidelines are provided for educational purposes. The Building Official and Fire Code Official are authorized to require additional permitting, conditions, and inspections for activities deemed to implicate life/safety considerations.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/02/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Acme Insurance Company 123 Naidirem Street Meridian, Idaho 83642	<div style="border: 1px solid red; padding: 2px;"> Policy is issued by an insurance company licensed to do business in Idaho </div>	CONTACT NAME: _____ PHONE: _____ A/C No Ext: _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____@_____.c.com												
		<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A : _____</td> <td>_____</td> </tr> <tr> <td>INSURER B : _____</td> <td>_____</td> </tr> <tr> <td>INSURER C : _____</td> <td>_____</td> </tr> <tr> <td>INSURER D : _____</td> <td>_____</td> </tr> <tr> <td>INSURER E : _____</td> <td>_____</td> </tr> <tr> <td>INSURER F : _____</td> <td>_____</td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : _____	_____	INSURER B : _____	_____	INSURER C : _____	_____	INSURER D : _____	_____	INSURER E : _____	_____
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INSURER D : _____	_____													
INSURER E : _____	_____													
INSURER F : _____	_____													
INSURED Applicant/Company Name Address Address														

COVERAGES **CERTIFICATE NUMBER: 00007726-74542** **REVISION NUMBER: 3**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: _____	Y		_____	05/07/2021	05/07/2022	EACH OCCURRENCE \$ 500 000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100 000 MED EXP (Any one person) \$ 5 000 PERSONAL & ADV INJURY \$ 500 000 GENERAL AGGREGATE \$ 500 000 PRODUCTS - COMP/OP AGG \$ Included \$ _____ COMBINED SINGLE LIMIT (Ea accident) \$ _____ BODILY INJURY (Per person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE (Per accident) \$ _____ \$ _____
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED _____ RETENTION \$ _____						EACH OCCURRENCE \$ _____ AGGREGATE \$ _____ \$ _____
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N					PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ _____ E.L. DISEASE - EA EMPLOYEE \$ _____ E.L. DISEASE - POLICY LIMIT \$ _____

This policy includes an additional insured party

Adequate insurance amounts per applicable provision of Meridian City Code

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

City of Meridian is an additional insured party.

City of Meridian is additional insured

CERTIFICATE HOLDER City of Meridian 33 E Broadway Meridian, ID 83642	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE _____ (CSP)
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