

CITY OF HAYSVILLE TEMPORARY SALE FROM COMMERCIAL PROPERTY PERMIT APPLICATION

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|------------------|-----------------|
| Applicant Name: | Office Use Only |
| Mailing Address: | |

| | | |
|-------------|---------------|---------------|
| Home Phone: | Mobile Phone: | Office Phone: |
|-------------|---------------|---------------|

| | |
|----------------|-----------------|
| Business Name: | Kansas Tax ID # |
|----------------|-----------------|

Temporary Use Address (Location):

Relationship of applicant to property is that of:

Owners
 Lessee
 Other _____

If you are not the owner of the location for the temporary sales permit list the owner's name and phone:

Has the owner given permission for applicant to use the property? If yes, please show a signed letter from the owner stating as such.

Date permit requested (Temporary sales permit may not exceed 3 days):

| | |
|---|--|
| _____ <small>Applicant Signature</small> | _____ <small>Property Rep Signature Having Authority To Grant Temp. Use</small> |
|---|--|

Provide drawing depicting the proposed location of the temporary sales in relation to the lot and include the following information:

Proposed square footage of the area used:

The number of parking spaces that will remain available for the primary business use:

The number of parking spaces that will be used by the temporary sales business:

Measurements of the setback from property lines:

Size and location of any signs used for purposes of the business:

OFFICE USE ONLY

Date/Time Application received: _____ \$50.00 Fee Paid/Receipt # _____

Drawing Attached? _____ Form Completed & Signed _____ Employee taking application _____

Is the business currently licensed with the City of Haysville? _____

Property Zoning: _____ Approval by Zoning Coordinator: _____ Date _____

Approval by City Attorney: _____ Approval by City Inspector: _____ Date _____

Comments: _____