



Application for a Seasonal Use Permit

Property Address: _____

Applicant Name: _____ Business Name: _____

Applicant/Business Address: _____

Applicant/Business Owner email: _____

Phone No.: _____ Date Issued: _____

Duration of Permit: _____ Expiration Date: _____

Purpose of Use Permit: _____

Conditions:

1. The conduct of the requested use will not have any detrimental effects on adjacent properties and will be in general harmony with surrounding uses.
2. The requested use will not create excessive traffic hazards on adjacent streets. There shall be provided sufficient off-street parking which shall be designed to meet all City parking regulations.
3. The applicant shall have sufficient liability insurance for the requested use or event.
4. The applicant shall provide, at his/her own expense, for the restoration of the site of said use to its original condition, including such clean up, washing and replacement of facilities as may be necessary.
5. That said use shall occupy the site for a period determined by the Community and Economic Development Division, not to exceed six (6) months.
6. Pay the Seasonal Use Permit fee of \$50.00.

Business Owner: _____ Date: _____

(Signature)

*Approval Granted By: _____ Date: _____

(Murray City Official)

*With conditions of approval.

SEASONAL USE PERMIT

Submit Application: For all Seasonal Use Permit applications please check each requirement acknowledging that the applicant has submitted the required information:

- ____ 1. Completed Seasonal Use application form.
- ____ 2. Property Owner's Authorization Form
- ____ 3. A complete description of the type of business proposed;
- ____ 4. A listing of the individuals who will be engaged in, volunteer, or be employed by the licensee;
- ____ 5. The expected hours of operation of the business;
- ____ 6. The expected number of customers/clients per hour and total expected number per day;
- ____ 7. One (1) copy of a legible site plan showing location of use and indicate areas of parking.
- ____ 8. Provide a copy of sufficient liability insurance for the requested use or event.

All plans submitted with the application will not be returned to the applicant and are the property of Murray City.

PROPERTY OWNER AUTHORIZATION TO CONDUCT BUSINESS

(This section to be completed by the business owner)

Name of Business: _____

Business Owner's Name: _____

Business Owner's Phone Number: _____ Email: _____

Property Address: _____

Detailed Description of Business: _____

(This section to be completed and signed by the property owner)

Property Owner's Name: _____

(Print name)

Property Owner's Address: _____

Property Owner's Phone Number: _____ Email: _____

As the owner of the above listed property, I authorize _____ to conduct the business as described at the address above.

Signature: _____ Date: _____