



**CENTRAL BUSINESS DISTRICT
SIDEWALK USE PERMIT APPLICATION**

NAME: _____

ADDRESS: _____

PHONE: _____ DATE: _____

NAME OF BUSINESS OR ENTITY UTILIZING SIDEWALK:

HOW WILL THE PARTY IDENTIFIED ABOVE USE THE SIDEWALK? _____

BEGINNING AND ENDING DATE OF PERMITTED SIDEWALK USE:

beginning date - _____ ending date - _____

HOURS OF OPERATION OF SIDEWALK USE: from _____ to _____ week days

from _____ to _____ weekends

LIABILITY INSURANCE CARRIER: _____

AGENT NAME: _____ PHONE: _____