

# City of Marysville

## OUTDOOR MERCHANDISE SALES APPLICATION NON-REFUNDABLE \$30.00 Application Fee

This application will **not** be considered unless it is completed in full. Incomplete applications will be returned for proper completion, or may be outright denied. This application must be submitted, paid in full, and approved by the City at least ten (10) days **PRIOR** to the first day of setup for the temporary retail area. A setup period of 48 hours is allowed immediately before the first day of the permit, and a removal period of 48 hours is allowed immediately following the permitted dates. **Temporary Retail Area Permits may be granted for up to thirty (30) days per calendar year, per business.** Inspections will occur before and after the event to ensure compliance. Please note that other inspections may occur during the permit period as well.

### BUSINESS INFORMATION – CITY OF MARYSVILLE LOCATION INFORMATION ONLY

Business Name: \_\_\_\_\_ D.B.A.: \_\_\_\_\_

Business Address: \_\_\_\_\_ Marysville, Michigan 48040

Local Phone #: \_\_\_\_\_ Other Phone #: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Emergency Phone #: \_\_\_\_\_

DATE-Beginning: \_\_\_\_\_ DATE-Ending: \_\_\_\_\_

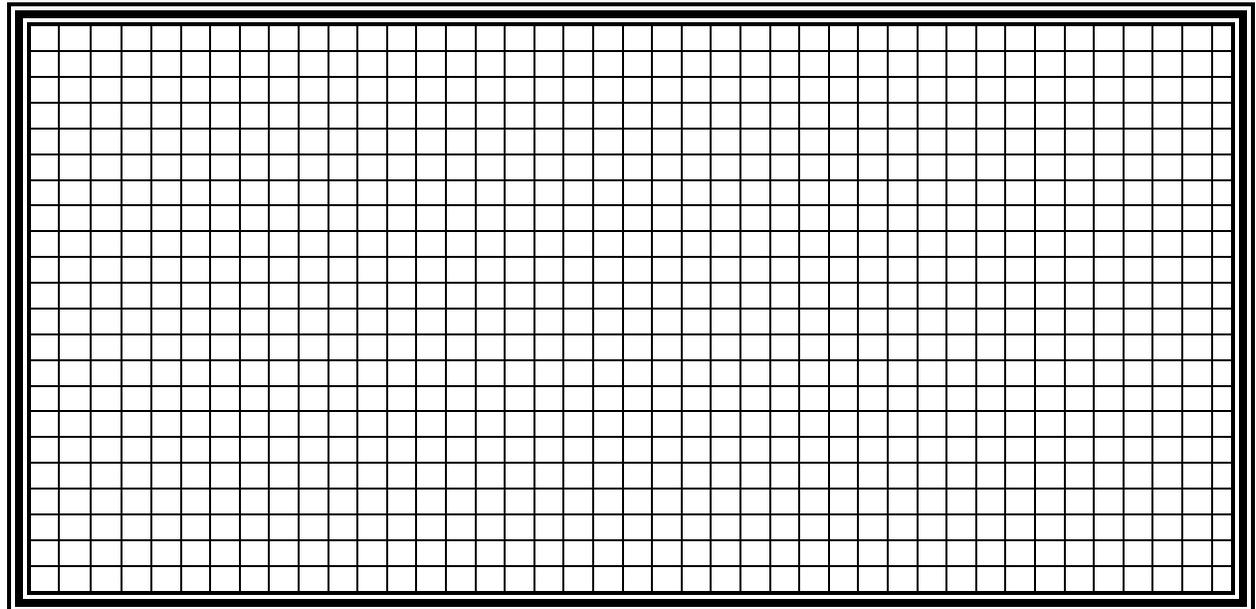
TIME-Beginning: \_\_\_\_\_ TIME-Ending: \_\_\_\_\_

Total # of parking spaces: \_\_\_\_\_ Parking spaces used by event: \_\_\_\_\_

Food served / sold:  No  
 Yes (**NOTE:** Please Attach the SCC Health Department TFE Approval)

**NOTE:** If food **will** be served / sold, and the SCC Health Department TFE Approval is **NOT** attached, please provide the reason here.

**SKETCH OF AREA TO BE UTILIZED:** A basic site plan **MUST** be drawn here or attached to this application. The site plan must indicate a north arrow, the building footprint, sidewalks, fire lanes, parking lot and parking spaces, ingress/egress to roads, crossroads, road names and rights-of-way. An electrical plan must be shown when the event will require electric services (i.e.: where the electrical service is coming from and how it is being delivered.) Incomplete applications will be returned for completion, or may be denied outright.



Please provide a description of the event(s) and/or the products to be merchandised within the temporary retail area:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By submitting this application, the undersigned grants permission for authorized city representatives to enter the above described property/properties for the purposes of gathering information related to this application. Further, the undersigned understands that failure to comply with this process may result in the issuance of a municipal civil infraction citation.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**REVIEW AND APPROVAL – DO NOT WRITE BELOW THIS LINE**

**BUILDING/ZONING COMPLIANCE:**

Approved \_\_\_\_\_  
 Denied Zoning Administrator/Building Official Date

Comments: \_\_\_\_\_

**FIRE DEPARTMENT:**

Approved \_\_\_\_\_  
 Denied Fire Chief Date

Comments: \_\_\_\_\_

**ELECTRICAL DEPARTMENT:**  Check here if **NOT APPLICABLE** (if checked, no review or signature is required here.)

Approved \_\_\_\_\_  
 Denied Electrical Inspector Date

Comments: \_\_\_\_\_

**PERMIT ISSUED FOR THE FOLLOWING PERIOD:**

\_\_\_\_\_  
*(Start Date)* to \_\_\_\_\_  
*(End Date)*

\_\_\_\_\_  
Clerk Date

Calendar Year	Days Beginning	Days Used	Remainder

**UPON APPROVAL, THIS FORM WILL BE FAXED TO THE APPLICANT. THIS COMPLETED AND APPROVED FORM, IN ITS ENTIRETY, MUST BE KEPT ON THE PREMISES DURING THE ENTIRE EVENT. ADDITIONALLY, WHEN REQUESTED, THIS FORM MUST BE PROVIDED TO A CITY REPRESENTATIVE. THE APPROVAL FOR THIS APPLICATION MAY BE REVOKED AT ANY TIME.**