



Temporary Outdoor Sales Permit Application

Beginning Date of Sale: _____ End Date of Sale: _____

Name of person filling out Application: _____

Name of Business/Organization (if applicable): _____

Operating Days: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Operating Hours: _____ Number of Employees: _____

Phone Number: _____ Alternate Phone Number: _____

Mailing Address of Applicant/Organization: _____

Description of Items / Products being sold: _____

What type of temporary structure or enclosure will be used: _____

Will this structure stay up the entirety of the event: _____

Dimensions of structure: H _____ W _____ L _____

Will there be off-street parking? YES NO

Will you post signs for the event: YES NO

**** Please mark on your site map where off-street parking will be. Please mark on your site map where signs will be displayed. ****

BY SIGNING BELOW, THE PERMIT APPLICANT DOES HEREBY CERTIFY THAT: 1) ALL INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND CORRECT. 2) THE PERMIT APPLICANT UNDERSTANDS THAT THE ISSUANCE OF A PERMIT CREATES NO LEGAL LIABILITY, EXPRESSED OR IMPLIED, ON THE CITY OF GOSHEN OR ON ANY OF ITS EMPLOYEES. 3) IN THE OPERATION OF THE TEMPORARY OUTDOOR SALE, THE PERMIT APPLICANT WILL BE BOUND BY AND SUBMIT TO ALL STATUTES OF THE STATE OF ARKANSAS, CONFORM TO ALL APPLICABLE CODES AND ORDINANCES OF THE CITY OF GOSHEN, AND ABIDE BY ALL RULES AND REGULATIONS PRESCRIBED BY THE DEPARTMENT OF CODE ENFORCEMENT.

Signature: _____ Date: _____

Printed Name: _____

FOR CITY USE ONLY

_____ The proposed use of property is permitted by the Goshen Zoning Regulations.

Date Filed: _____

Approved by: _____