

City of St. Joseph

1100 FREDERICK AVENUE
Planning & C.D. Department
Planning & Zoning Division

ST. JOSEPH, MISSOURI 64501-2346
Telephone (816) 271-4648
Telefax (816) 271-4676

APPLICATION FOR APPROVAL FOR RETAIL USE OF PUBLIC SIDEWALK PERMIT

- **Street address of the Property:** _____
- **Legal Description of the Property:** _____

- **Parcel No.:** _____
- On a separate sheet of paper, fully describe the activity for which you are applying for a Retail Use of Public Sidewalk Permit. Include proposed hours of operation, expected traffic volumes, staffing levels, parking availability and any other information that would be helpful.

The undersigned hereby applies for the approval of said RETAIL USE OF PUBLIC SIDEWALK PERMIT.

With the signing and submittal of this application, the property owner authorizes the City of St. Joseph to enter onto the subject property to collect data and other information in order to accurately prepare reports or other documentation for review by the City Council, City boards & commissions, and City departments.

- **Signature of Applicant:** _____
Print or type name: _____
Address of applicant: _____

Telephone number of applicant: _____
- **Signature of property owner or his/her legal representative:** _____
Print or type name: _____
Address of property owner or his/her legal representative: _____
Telephone number of property owner or his/her legal representative: _____

Items to be submitted with application:

1. ___ This completed application.
2. ___ Proof of Insurance (listing the City of St. Joseph as additional insured and indemnity language).
3. ___ Proposed activity/use letter.
4. ___ Site Plan showing location, dimensions, setbacks and access.
5. ___ Landscaping and fencing plan (if required).
6. ___ Permit Fee: Sidewalk Sale \$10.00 per event (Maximum 4 outdoor events per year)
 Sidewalk Vendor \$350.00 per year
 Outdoor Café \$100.00 per year

To be completed by City staff only: Current zoning of property: _____ Date application recvd: _____ Date filing fee recvd: _____ Staff initial: _____
