



**APPLICATION FOR
SHORT-TERM OPEN AIR SALES
BUSINESS PERMIT**

Permit fee: \$50.00 and Deposit Required: \$100.00

All businesses or individuals planning to operate a sale in an open area (outdoors) ***anywhere*** within the Township must make application for a **SHORT TERM OPEN AIR SALES PERMIT** and obtain Zoning Administrator approval **before** beginning the temporary sales operation. This is required regardless of the number of days the operation is planned. **Only ONE (1) Open Air Permit is allowed at a time for a property, regardless of the number of businesses which may be in a building.**

Please PRINT the following information, sign the application, and submit the required fee(s) and documents requested:

Name of Applicant: _____	Date: _____
Permanent Address: _____	Phone # _____
City, State, Zip: _____	
Local Address: _____	Phone # _____
City, State, Zip: _____	

Employer's (Business) Name and Address:

_____ **Phone #** _____

Please provide a brief description of the nature of the business and the goods to be sold:

Proposed Dates and Hours of operation:

Property Address to be used: _____

Name and Address of Property Owner:

Portion of property to be used: _____

REQUIRED ATTACHMENTS

1. Provide proof of compliance with Kent County Health Department Regulations (if appropriate)
2. Provide (dated) written and signed permission of current property owner (if other than yourself) allowing you to use the property. Please use the form attached, which details the terms of the property owner's approval.
3. Provide a simple site plan sketch, with dimensions, identifying the site layout, current structures, and all proposed locations of the following:
 - ◆ Parking area (specify location of handicapped parking areas)
 - ◆ Electrical apparatus to be used
 - ◆ Merchandise storage area
 - ◆ Location of display tables
 - ◆ Dimensions and location of any tents
 - ◆ Location of all other items to be used in the conduct of the temporary business
4. Provide a list of all employees to be on the site. List should include permanent and temporary addresses, description which identifies age, height, weight, eye and hair colors.
5. The fee of \$50.00 and the \$100.00 (site cleanup) inspection deposit.

I understand the requirements of the Short-Term Open Air Business Permit and agree to abide by them.

Applicant Signature: _____
(Print below line)

Date Applied: _____

ZONING ADMINISTRATOR REVIEW:

PERMITS ISSUED FOR THIS USE PREVIOUSLY IN THIS CALENDAR YEAR: _____

APPROVED
NOT APPROVED
REASON:

SIGNED: _____ **DATE:** _____

PROPERTY OWNER AFFIDAVIT

I, _____, owner of the property described in the

Please print name

previous pages, _____

Please enter street address of property

approve/ do not approve (choose) of the request of my

tenant, _____ to conduct an open air sale on my

Please print name

premises from (date) _____ to (date) _____.

start date

end date

that during this period of time, no other businesses at this address may

apply for or conduct a similar activity.

Please sign and date



5255 Alpine Ave., N.W.
Comstock Park, MI 49321