

CITY OF FENNVILLE
P.O. Box 666, S. Maple Street
Fennville, MI 49408
(269) 561-8321 Fax (269) 561-2390

Permit # _____
Date: _____
Fee: _____
Paid: _____

SIDEWALK USE PERMIT APPLICATION

Name of Business _____

Business Address _____

Business Owner _____

Business Owner Address _____

Phone _____ Fax _____

Property Tax Identification Number _____

Property Owner's signature _____

Type of Use Proposed:

_____Outdoor Cafe/Dining _____Outdoor Sales _____Sidewalk Sign

Liquor License # _____ Dates of Sale from _____ to _____ Dimensions _____

Site Plan Sketch (show sidewalk, front of building, local of use and dimensions) You may attach a sketch

Office Use only:

Approved _____

Date Issued _____

Conditions _____

For Temporary Permit: from _____ to _____

City Clerk

Denied _____ Reasons Denied _____