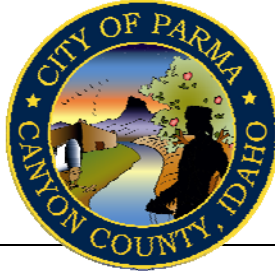


City of Parma



P.O. Box 608
305 N. 3rd Street
Parma, Idaho 83660

phone: (208) 722-5138
fax: (208) 722-5139
email: info@parmacityhall.net

Planning & Zoning Administrator: Susan Buxton

Phone: 208-331-1800

TEMPORARY USE PERMIT APPLICATION

APPLICANT:

Name: _____ Company Name: _____
Daytime Phone: _____ Cell Phone: _____
Address: _____ City: _____ State: ___ Zip: _____

PROPERTY OWNER:

Name: _____
Daytime Phone: _____ Cell Phone: _____
Address: _____ City: _____ State: ___ Zip: _____

PROJECT INFORMATION:

Attach separate narrative statement if necessary

Description of nature of business (including goods to be sold, if any): _____

Describe the hours of operation and duration of proposed use (no more than six months): _____

Describe the proposed temporary use facility or vehicle, together with a license number or other means of identification: _____

Has the applicant been convicted of a violation of any federal, state or municipal law in the previous five (5) years? If so, state the nature of the offense, date, and in what state the offense occurred. Also list the punishment/penalty: _____

Driver's License Number: _____ Idaho Sales Tax ID Number: _____

ATTACHMENTS:

- 1. Executed copy of Permission and Indemnification Agreement
- 2. Southwest District Health Permit (required for sale of any food product for human consumption)
- 3. Diagram or sketch of temporary use facility, including dimensions of such temporary use facility. *(See Parma City Code 5-2-7(C) for maximum dimensions)*
- 4. Diagram or sketch of location of temporary use facility on premises to be used for temporary use, including dimensions from all adjacent street

FEES: \$50.00 application fee, plus the actual costs of necessary inspections

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I hereby certify that all information requested and as submitted is prepared and true to the best of my ability and knowledge. In making this application, I agree that all conditions of approval will be met. I understand that this application is subject to acceptance by the City of Parma upon the determination that this application is complete. I further understand that I cannot set up my temporary use until the inspections are complete and this application has been approved.

Signature/*La Firma*

Date/*Fecha*

FOR OFFICE USE ONLY (PARA LA OFICINA UTILIZA SOLO)

Date of Acceptance: _____ **Accepted by:** _____
Fee Paid: Cash Check _____
Action on Application: Approved Denied **Date of Action on Application:** _____

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PERMISSION AND INDEMNIFICATION AGREEMENT

I/we, _____, am/are the owner(s) of the real property located at _____ (street address), Parma, Idaho. I/we understand that an application for issuance of a Temporary Use Permit has been filed by _____ (applicant) and, if issued, the temporary use will occur on my/our property. I/we hereby grant permission to the Applicant to use my/our property in the manner described in the application. I/we further agree to indemnify and hold harmless the City of Parma from any charge, claim, demand or liability of any kind or nature which might be asserted by us or any other person, arising out of, associated with, or otherwise resulting from the use of my our property in connection with the temporary use.

Property Owner

Property Owner

STATE OF IDAHO)
)ss.
County of Canyon)

On this ____ day of _____, 20____, before me, the undersigned Notary Public in and for said State, personally appeared _____ known or identified to me, to be the persons whose names are subscribed to the within instrument, and acknowledged to me that they executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, the day and year in this certificate first above written.

Notary Public for Idaho
Residing at _____
Commission Expires _____