

# Sidewalk Use Permit City of Sully

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Business Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

## Location and Description of Display/Sales Stand

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The undersigned, as authorized agent, agrees to follow all City rules, regulations and ordinances pertaining to sidewalk use.

Date: \_\_\_\_\_

Signature of Authorized Agent: \_\_\_\_\_

Permit Approved

Permit Denied

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date