



Business Improvement District - Movable Signs and Outdoor Furniture Permit Application

Please return the completed application to:

City of Salina/ Community & Development Services

City-County Building, 300 West Ash Street, Room #205

Salina, KS 67402-0736

785-309-5720 FAX 785-309-5713

email: john.burger@salina.org

Applicant must provide all of the information requested below. See regulations on attached sheet.

- | | | | |
|--|--|----------------------|---------------|
| 1. _____
Building Address that abuts sign or furniture location | 2. _____
Name of Business that owns the sign or furniture | | |
| 3. _____
Name of Business Owner | _____ Mailing Address / Email Address | _____ City/ Zip Code | _____ Ph. No. |
| 4. _____
Name of Property Owner | _____ Mailing Address / Email Address | _____ City/Zip Code | _____ Ph. No. |

For Movable Sign:

5. Description of Sign Fixture _____
6. Proposed Location of Sign Fixture _____
7. Size of Sign: _____
(Attach photographs and/or drawings for the proposed sign)

For Outdoor Furniture (This includes: tables, chairs, umbrellas, flower pots, planters and private bicycle racks.)

8. Description of Furniture: _____

9. Proposed Location of Furniture: _____

- | | |
|--|--|
| 10. _____
Signature of Business Owner | 11. _____
Signature of Property Owner |
| _____ Date | _____ Date |
- (Application must be signed by either Business Owner or Property Owner to schedule a review.)

Affidavit of Applicant

The *Permit Holder* agrees to Indemnify and save harmless the *City*, its officials, officers, directors, agents and employees from and against all claims, expenses, demands judgments and causes of action (including cost of defense) for personal injury or death or damage to property where, and to the extent that, such claims, expenses, demands, judgment or causes of action arise from the acts or omissions of the *Permit Holder*, its officers, directors, agents or employees.

SPECIAL CONDITIONS OF APPROVAL: _____

Approved for Issuance by: _____ Date: _____