

CITY OF NORTH KANSAS CITY

APPLICATION FOR SHORT TERM CONDITIONAL USE

APPLICATION NO: _____

DATE: _____

APPLICANT'S NAME _____

ADDRESS: _____ PHONE NO: _____

DETAILED DESCRIPTION OF REQUEST: _____

LOCATION: _____ DATE: _____

HOURS OF OPERATION: _____ INSURANCE: _____

ESTIMATE OF TRAFFIC OVER NORMAL FLOW: _____

ESTIMATE OF PARKING NEEDS: _____

ESTIMATED ACCUMULATION OF CUSTOMERS: _____

ANY NEED FOR SPECIAL PROTECTION? YES _____ NO _____ IF YES, EXPLAIN: _____

ANY CHARACTERISTICS THAT MIGHT AFFECT THE PUBLIC SAFETY, CONVENIENCE OR WELFARE?
YES _____ NO _____ IF YES, EXPLAIN _____

IS AREA ACCESSIBLE BY FIRE AND POLICE SERVICES? _____

A DRAWING MUST BE SUBMITTED SHOWING LOCATION OF EVENT, TYPE OF ANY EQUIPMENT, FIXTURES OR OTHER APPURTENANCES THAT WILL BE INVOLVED. CARE SHALL BE EXERCISED IN MAINTAINING SAFE AND CONVENIENT CIRCULATION FOR BOTH VEHICULAR AND PEDISTRIAN TRAFFIC.

APPLICANT IS TO BE RESPONSIBLE FOR THE REMOVAL OF ALL MATERIAL, EQUIPMENT AND DEBRIS WITHIN TWENTY-FOUR (24) HOURS OF EXPIRATION OF THE PERMIT FOR SHORT TERM CONDITIONAL USE.

APPLICANT'S SIGNATURE DATE

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APPLICATION ACCEPTED BY _____ DATE: _____

ACTION BY CITY COUNCIL _____ DATE: _____