

## City of Covington

## TEMPORARY USE PERMIT APPLICATION

		Date Received:
PLEASE COMPLETE THE BELOW INFORMATION	N. INCOMPLETE APPLICATIONS	Received By:
WILL BE RETURNED.		Permit No.:
I. REQUIREMENTS:		Invoice No.:
☐ The type of business to be conducted is a permit	tted use according to zoning regulations.	
☐ Written authorization agreement between prope	rty owner and the applicant granting permissi	on of use
Written authorization agreement between applic	cant and tenant(s) that are located on premise	;
\$225 non-refundable application fee is required		
ADDITIONAL INFORMATION MAY ALSO BE REQ	UIRED	
II. APPLICANT AND PROJECT INFORMATIO	<u>DN:</u>	
Applicant's name:	_ Business name:	
Applicant's number:	Business number:	
Applicant's Address:		
Temporary location address:		
Property owner:		
Property owner's contact number:		
Type of business organization Corporation   I	Partnership  Proprietorship  Other	
Proposed dates of Temporary Permit:		
Please describe the business activities:		
Business hours at location:		
Please allow 10 business days for application r \$225 application fee will be due upon submission		
I hereby certify that the information contained herein, include true, to the best of my knowledge and belief:	ding attachments and all other supporting information	on, is complete, and
Applicant:	Signature	
Date:	Oignataio	
	Print name	
Sworn to and subscribed before me this day of	,·	
Notary Seal/signature:		