



City of Covington

TEMPORARY USE PERMIT APPLICATION

Date Received: _____

Received By: _____

Permit No.: _____

Invoice No.: _____

**PLEASE COMPLETE THE BELOW INFORMATION. INCOMPLETE APPLICATIONS
WILL BE RETURNED.**

I. REQUIREMENTS:

- The type of business to be conducted is a permitted use according to zoning regulations.
- Written authorization agreement between property owner and the applicant granting permission of use
- Written authorization agreement between applicant and tenant(s) that are located on premise
- \$350 non-refundable application fee is required

ADDITIONAL INFORMATION MAY ALSO BE REQUIRED

II. APPLICANT AND PROJECT INFORMATION:

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 Partnership Proprietorship Other

Proposed dates of Temporary Permit: _____

Please describe the business activities: _____

Business hours at location: _____

Please allow 10 business days for application review process.
\$350 application fee will be due upon submission.

I hereby certify that the information contained herein, including attachments and all other supporting information, is complete, and true, to the best of my knowledge and belief:

Applicant: _____
Signature

Date: _____
Print name

Sworn to and subscribed before me this ____ day of _____, _____.

Notary Seal/signature: _____