



# City Clerk's Office

## TEMPORARY USE PERMIT Application Outdoor Market

<b>Organizer:</b>		<b>File #:</b>	
<input type="checkbox"/> Complete application received Date:		<input type="checkbox"/> Permit issued <input type="checkbox"/> Permit denied Date:	
Organizer <input checked="" type="checkbox"/>	<b>APPLICATION REQUIREMENTS:</b> <b><i>THIS APPLICATION SHALL NOT BE CONSIDERED COMPLETE UNTIL <u>ALL</u> ITEMS ARE SUBMITTED</i></b>		Staff <input checked="" type="checkbox"/>
	Completed application		
	Copy of Organizer's driver's license or govt.-issued identification card		
	Application fee <ul style="list-style-type: none"> <li>\$85.00 - in a park</li> <li>\$50.00 – not in a park</li> <li>\$ 0 (with proof of 501 (c)3 status)</li> </ul>		
	Meridian Fire Department Mobile Food Truck Inspection Fee - \$45.00 -See SW Mobile Food Truck Preparation Packet <b>OR Proof of Current Fire Inspection Certification</b>		
	Schedule of events		
	Route map, if applicable		
	Site plan, including:		
	Date, project name		
	Existing structures, trees, landscaping, poles, walls, fences, berms, parking areas, vehicular drives, pathways, signs, etc.		
	Proposed structures, fencing, parking areas, and drive aisles (include dimensions)		
	Proposed locations of goods, vendors, and displays		
	Proposed locations of garbage receptacles		
	Proposed locations of first aid stations, drinking water sources, and restrooms		
	Proposed locations of temporary signs		
	Proposed location of alcohol service area (if applicable)		
	Type of electrical being used (generator, temp power pole, etc.)		
	Written consent of property owner(s) where market will be held		
	Proof of insurance policy - see attached example for reference <ul style="list-style-type: none"> <li>Names City of Meridian as <b><u>additional insured</u></b></li> <li>\$500,000.00 per person bodily injury</li> <li>\$500,000.00 per occurrence bodily injury</li> <li>\$500,000.00 per occurrence property damage</li> </ul>		
	Central District Health Dept. written approval and/or permits (if necessary)		
	Alcohol Catering Permit – If alcohol will be served or sold		
<b>STAFF USE ONLY:</b>			
City of Meridian Parks & Recreation Department approval (if applicable)			
City of Meridian Attorney's Office approval			
City of Meridian Police Department approval			
City of Meridian Planning Department approval			
City of Meridian Fire Department approval			
City of Meridian Building Department approval (if applicable)			
Central District Health Department approval (if applicable)			
Courtesy copy to Mayor			



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#### **ORGANIZER INFORMATION**

Organizer name: \_\_\_\_\_ Phone: \_\_\_\_\_

Organizer email address: \_\_\_\_\_

Organizer mailing address: \_\_\_\_\_

Organizer physical address: \_\_\_\_\_

Agent upon whom service of process may be made in Idaho (*Person responsible for receiving legal documentation on behalf of Applicant :*) \_\_\_\_\_

Organizer seeks permit on behalf of (*check one*):

☐ Individual applicant/self      Organizer tax identification no.: \_\_\_\_\_

☐ Organization      Organization name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Physical address: \_\_\_\_\_

Organization tax identification no.: \_\_\_\_\_

Tax-exempt per 26 U.S.C. § 501(c)? ☐ Yes ☐ No

(*If yes, must show IRS letter*)

#### **PROPERTY INFORMATION**

Location(s) of market: \_\_\_\_\_

Assessor's parcel number(s): \_\_\_\_\_

Applicant's interest in property: ☐ Own ☐ Rent ☐ Other \_\_\_\_\_

Owner name: \_\_\_\_\_ Phone: \_\_\_\_\_

#### **MARKET INFORMATION**

Name of market: \_\_\_\_\_

Date(s) of market: \_\_\_\_\_ (*Not to exceed 1 day per week*)

Hours of operation: \_\_\_\_\_

General description of market: \_\_\_\_\_

Operations will include (*check all that apply*):

☐ Mobile food preparation

☐ Use of cooking oils

☐ Production of smoke/vapors



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Outdoor Market**

Persons and/or vendors who will operate under this permit *(List both mailing and physical addresses if not same; attach additional pages if necessary):*

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Structures to be used *(dimensions, location, purpose):* \_\_\_\_\_

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Type of electrical used for temporary structures: *(existing, temp power pole, generator, etc.)* \_\_\_\_\_

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Parking area *(dimensions, location, surface):* \_\_\_\_\_

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Security personnel and equipment: \_\_\_\_\_

Crowd control measures: \_\_\_\_\_

Traffic control measures: \_\_\_\_\_

Emergency communication and evacuation plan: \_\_\_\_\_

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Clean up and tear down plan *(include dates/times + sign removal):* \_\_\_\_\_

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## City Clerk's Office

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#### TEMPORARY SIGN INFORMATION

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**Temporary signs both on- and off- site:** *(Not to exceed 10 signs @ 6 square feet each and 4 signs at 32 square feet each)*

Size 1: \_\_\_\_\_ Number of Size 1 signs: ☐ On-site ☐ Off-site

Location(s) of off-site signs: \_\_\_\_\_ ☐ Owner permission

Size 2: \_\_\_\_\_ Number of Size 2 signs: ☐ On-site ☐ Off-site

Location(s) of off-site signs: \_\_\_\_\_ ☐ Owner permission

#### INDEMNITY AND CERTIFICATION

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I hereby agree to indemnify, save and hold harmless, and defend the City of Meridian from the expenses of and against any and all suits, actions, claims, and/or losses of every kind, nature, and description, including costs, expenses, and attorney fees that may be incurred by reason of any act, omission, neglect, or misconduct of myself and/or the organizers or operators of the use(s), activities, or events described or depicted in this application and/or the supporting documents, and/or any participant therein.

I hereby certify that damage to the properties, locations, and/or routes at or upon which the use(s), activities, or events described or depicted in this application and/or the supporting documents is not foreseeable, and that, if damaged, I alone shall incur any and all costs of restoring such properties, locations, and/or routes to their original condition.

Print applicant name: \_\_\_\_\_

Applicant signature: \_\_\_\_\_

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

# Temporary Uses in Meridian



## **SPECIAL EVENT • OUTDOOR SALES • TEMPORARY FOOD STAND**

*If your temporary use includes any of the following features, please make sure your plans include compliance with these Building and Fire Code requirements.*



### **Tent - with walls**

- Adequate anchorage
- Fire extinguisher (2A-10BC)
- Cooking with oil prohibited
- Fire inspection if over 400sf
- Fire inspection if 50+ occupants

### **Tent - open on all sides**

- Adequate anchorage
- Fire extinguisher (2A-10BC)
- Cooking with oil prohibited
- Fire inspection if over 700sf
- Fire inspection if 50+ occupants

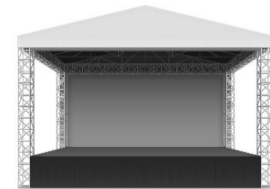


### **Accessory structure (shed)**

- Fire extinguisher (2A-10BC)
- Building permit if over 120sf
- Building permit if cooking with oil

### **Temporary stage canopy**

- Building permit
- Fire plan review and inspection



### **Portable generator**

- Fire extinguisher (2A-10BC)
- 30' from combustible materials and vegetation
- Follow refueling protocol

### **Extension cord**

- Commercial grade cords only
- Limit one extension cord (and one surge protector) per appliance
- Ampacity of cord(s) must match rated capacity of appliance
- Cords must be in good condition



### **More to know:**

- Building permit requires: Code-compliant site plan, professional design and engineering, stamped plans, and any additional documents or information required by Fire or Building Codes for that particular use.
- These guidelines are provided for educational purposes. The Building Official and Fire Code Official are authorized to require additional permitting, conditions, and inspections for activities deemed to implicate life/safety considerations.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/02/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER

Acme Insurance Company  
123 Naidirem Street  
Meridian, Idaho 83642

Policy is issued by an  
insurance company  
licensed to do business in  
Idaho

CONTACT

NAME:

PHONE

A/C No Ext :

E-MAIL

ADDRESS:

c.com

FAX  
(A/C, No):

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A :

INSURER B :

INSURER C :

INSURER D :

INSURER E :

INSURER F :

INSURED

Applicant/Company Name  
Address  
Address

## COVERAGES

CERTIFICATE NUMBER: 00007726-74542

REVISION NUMBER: 3

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y			05/07/2021	05/07/2022	EACH OCCURRENCE \$ 1 000 000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100 000 MED EXP (Any one person) \$ 5 000 PERSONAL & ADV INJURY \$ 1 000 000 GENERAL AGGREGATE \$ 2 000 000 PRODUCTS - COMP/OP AGG \$ Included
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A					PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

This policy includes an  
additional insured party

Adequate insurance  
amounts per applicable  
provision of Meridian  
City Code

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

City of Meridian is an additional insured party.

City of Meridian is  
additional insured

## CERTIFICATE HOLDER

City of Meridian  
33 E Broadway  
Meridian, ID 83642

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

(CSP)

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