



Community Development Department – Planning Division
 10770 West Oakland Park Boulevard, Sunrise, FL 33351
 P: 954.746.3270 F: 954.746.3287
 AskZoning@sunrisefl.gov

Temporary Outdoor Sale Permit Application

THIS APPLICATION MUST BE SUBMITTED 30 DAYS PRIOR TO THE SALE PER SUBSECTION 16-288(B) OF CITY CODE

**FEE SCALE* is based on application submittal date. Submit early to save!
 Applications submitted late shall be subject to a double fee and may not be processed**

Submitted 15 calendar before sale date	\$ 52.50
Late Submitted less than 15 calendar days before sale date	\$ 105.00

**All fees listed include the 5% technology fee*

ALL FIELDS MUST BE COMPLETED OR INDICATED "N/A"

<u>For Official Use Only</u>	
Application No.:	_____
Application Date:	_____
Sale Start Date:	_____
Number of Days:	_____
Fee:	_____
Clean-up Deposit:	_____
Intake By:	_____
Entered By:	_____

Applicant Information

Business Name: _____
Business Address: _____
City, State, Zip: _____
Telephone Numbers: Office : _____ Cell: _____
E-mail Address: _____

I acknowledge that this sale will comply with the City of Sunrise Land Development Code Article XVIII.		
Name (print): _____	Signature: _____	Date: _____

Location Information

Sale Address: _____ Sunrise, FL
Folio Number(s): _____
Property of Sale is: <input type="checkbox"/> Vacant (Undeveloped) <input type="checkbox"/> Developed Parking Lot
Name of Plaza/Shopping Center/Building (if applicable): _____
Date(s) of Sale: _____ Sale Time(s): _____
General sales may last for up to three (3) consecutive days. Pumpkin, Christmas Tree sales: 35 days max. Firework sales: 30 days max.
Structures/materials may be in place beginning: _____ and will be removed by: _____
Name of On-site Manager During Sale: _____ Cell : _____

Note: Each property is limited to three (3) temporary outdoor sales per year. Certain structures (large canopies, generators, etc.) and activities may require a separate or alternate permit. Food sales and/or service may only be conducted by licensed vendors. Additional documentation may be required.

Description of merchandise to be offered for sale: _____

Is the sale for any of the following items? Fireworks Pumpkins Christmas Trees No

Have you applied for a Building permit? No Yes **Permit #** _____

Are temporary signs being installed? No Yes If so, how many signs? _____

Property Owner Consent (fill out below, or attach a notarized letter from the owner authorizing event)

Property Owner Name: _____

Authorized Agent (if applicable): _____

Name: _____ **Signature:** _____ **Date:** _____

Sworn and subscribed to before me, a Notary Public, by _____, this ____ day of _____ 20____,
 who is either personally known to me or who has produced _____ as identification.

My Commission Expires: _____

Notary Public for the State of: _____

Print Name: _____

ITEMS TO BE ATTACHED TO THIS APPLICATION:

- Site plans showing location of merchandise, canopies, generators, etc.
 Note that ADA parking spaces/aisles may not be blocked, and that property must be restored to pre-event condition.
- Notarized owner signature on this form OR a separate Notarized Property Owner Consent Letter.
- Location and details of temporary signs.
- Certificate of Insurance with the following minimum Commercial General Liability insurance limits showing the **City of Sunrise as the certificate holder and endorsed as Additional Insured:**
 - \$300,000.00 Per Occurrence
 - \$600,000.00 General Aggregate
- \$250 Refundable Clean-up Deposit. Bond or Check only. Must use a separate check from payment for permit fee.

For Official Use Only

<input type="checkbox"/> Completed Application <input type="checkbox"/> \$250.00 Refundable Clean-Up Bond Posted <input type="checkbox"/> Liability Insurance <input type="checkbox"/> Property Zoned for Commercial Sales (Retail) <input type="checkbox"/> TOS Permits at this location this year _____ <input type="checkbox"/> TOS Permits remaining available _____ <input type="checkbox"/> Other _____	Approved by: _____ Police Department _____ Fire Department _____ Risk Management Division _____ Engineering Division _____ Planning Division
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------

Staff Reviewer: _____	Date: _____	Permit Issued: _____
-----------------------	-------------	----------------------