

City of Huron
Planning and Zoning Dept.
417 Main St.
Huron, Ohio 44839
P: 419-433-5000
F: 419-433-5120



APPLICATION FOR TEMPORARY STORE

In accordance with Section 731.02 of the Codified Ordinances of the City of Huron, Ohio, I, the undersigned, hereby apply to the City Manager for a license to open and maintain a temporary store and, under oath, give the following answers to questions contained in this application.

DATE: _____

NAME OF BUSINESS: _____

BUSINESS PERMANENT ADDRESS: _____

NAME OF OWNER: _____

ADDRESS: _____

PHONE NUMBER: _____ EMAIL: _____

PROPOSED LOCATION/OPERATION OF TEMPORARY STORE

ADDRESS: _____

PARCEL NUMBER: _____ ZONING DISTRICT: _____

DATES OF OPERATION (120 DAY TIME FRAME PURSUANT TO THE CODE)

BEGIN OPERATION: _____ LAST DATE OF OPERATION: _____

List the names of two (2) Ohio Municipalities in which you have previously operated a Temporary Store as defined in Section 731.01 of the Codified Ordinances of the City of Huron. Give the name(s) and address(es) of that business and length of time the business was operated:

How many employees will be employed: _____

Describe the nature of the product or service sold: _____

INCLUDE THE FOLLOWING ITEMS WITH YOUR APPLICATION

Copy of Health Department Permit (if required for products sold)

Copy of Insurance Certification

*Private property location- letter from the property owner authorizing the use of the property.

\$150.00 Temporary Store Application Fee.

I hereby certify that I am the owner of record of the named property, or I have been authorized by the property owner to make this application as an authorized agent, and agree to conform to all applicable laws, regulations, and ordinances of the City of Huron in the operation of this Temporary Store. All information contained within this application and supplemental materials is true and accurate to the best of my knowledge and belief.

SIGNATURE OF APPLICANT: _____

PRINT NAME OF APPLICANT: _____