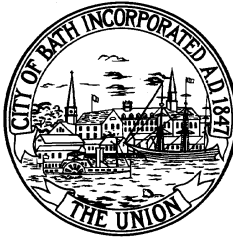


**CITY OF BATH, MAINE**

City Hall 55 Front Street  
Bath, Me 04530

[www.cityofbath.com](http://www.cityofbath.com)



**CODES ENFORCEMENT OFFICE**

Phone (207) 443-8334

FAX (207) 443-8337

TDD (207) 443-8368

**Sidewalk Vending Permit - Store/Restaurant**

**Fee: None**

Address where vending will take place: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Property Owner's Name: \_\_\_\_\_

Property Owner's Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of the business that will be utilizing the sidewalk: \_\_\_\_\_

Describe the proposed use of the sidewalk (e.g. display merchandise, tables and chairs, selling ice cream, etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Proposed days/hours of operation: \_\_\_\_\_

An insurance binder naming the City of Bath as a co-insured \_\_\_\_ is attached \_\_\_\_ will be provided prior to commencing operation.

Width/depth of sidewalk where goods/furniture will be placed (measured perpendicular to the direction of travel (if it varies, note the smallest and largest dimensions): \_\_\_\_\_

\_\_\_\_\_

**ATTACH A DRAWING SHOWING THE PROPOSED AREA TO BE USED - WITH DIMENSIONS, INCLUDING THE WIDTH OF THE SIDEWALK.**

Performance Standards:

No more than 40% of the depth of the sidewalk will be used for vending/display, and there will be a clear path of at least 4' in width for pedestrians to use. Goods/furniture will not block access to any doorway, driveway/access point, or piece of emergency equipment. Use of the sidewalk will not block vehicular or pedestrian sight distance so as to create a hazard.

Vending will take place between 9 AM and 9:20 PM. All materials and equipment (other than furniture used for restaurant service) will be removed from the sidewalk by 10 PM.

The applicant must provide liability insurance naming the City of Bath as a coinsured to cover use of the sidewalk. The applicant agrees to keep the insurance in force while the sidewalk vending activity takes place. At least 30 days notice will be provided to the Codes Enforcement Officer of cancellation of insurance applicable to sidewalk vending activities.

See Sidewalk Vending Ordinance for additional details. It's available on the City's website, in the Business Ordinance section of The City Clerk's page of the website.

The information provided is accurate. I am legally entitled to apply for this permit, and agree to abide by the sidewalk vending rules.

Applicant's name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

\_\_\_\_\_

This permit is valid once signed by the Codes Officer.

\_\_\_\_\_  
Codes Enforcement Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Permit Expires