EMERGENCY OUTDOOR SEATING & TEMPORARY USE PERMIT FOR CITY OF REDDING

Applicant	Mailing Address		Day Phone:
	City/ Zip Code		Fax Phone
	Email Address		
Type of Request:	☐ Outdoor Dining	☐ Public Sidewalk	☐ Private Property

Business Name	
Business Address	

Please describe the temporary measures requested:
Please attach a diagram with dimensions showing temporary measure

Applicant/Representative: *I hereby acknowledge that this permit is only valid through August 1, 2020, unless extended by the City of Redding. I shall hold the City of Redding, its officers, agents, and employees free and harmless from any claims for damages to persons or property, including legal fees, and costs of defending any actions or suits thereon, including appeals therefrom, which may result from granting this permit.*

Signed:_____ Date:_____

FOR OFFICE USE ONLY		
Application Number:	Date Application Received:	Application Received By
DPW Inspection Required	Indemnification Received	Application Approved
Insurance Received	Insurance Approved by Risk Management:	