

OUTDOOR SALES PERMIT

Applicant's Name _____

Address: _____

City/Zip: _____ Telephone # _____

Location of Property: _____

Tax ID No. _____ Property Owner: _____

Date of Sales: From: _____ To: _____

Names of Persons Conducting Sales: _____

I have received a copy, read and completely understand §14-1400 et. Seq. of the City of Chesapeake's Zoning Ordinance which details the requirements for this permit. I understand that by obtaining this permit, I will abide by all City of Chesapeake Ordinances governing the temporary sales of items.

Applicant's Signature: _____ Date: _____

Public Works-Authorized Agent _____

Commissioner of Revenue-Authorized Agent _____

License No. _____

FOR OFFICE USE ONLY

Permit Application and site plan reviewed by: _____ Date _____

Receipt # _____

Development & Permits-Authorized Agent: _____

Remarks: _____
