

Permit Fee: \$ 20.00

Year: 2015

Mall Activity Permit
City of Williamsport
Bureau of Codes

Applicant Name: _____

Address: _____

Phone: () _____

Business Name: _____

Address: _____

Phone: () _____

Dates of Activity:

From: _____ **To:** _____, 2015

Description of Activity: *(please write a brief statement of what will be placed on the sidewalk)*

This permit may be revoked for any activities being conducted which would interfere with the Life, Health and Safety, welfare or community, and which would be aesthetically or physically detrimental to the Downtown Merchants "Mall".

THIS PERMIT EXPIRES ON DECEMBER 31, 2015

Signature of Applicant: _____

I the above signed agree to all terms and conditions of this "Mall Permit" and understand that if any activities violate the above stated that it may be revoked.

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Official Use Only

Approved: Denied: , Reason _____

Fees received by: _____ Date: _____

Zoning Official: _____ Date: _____