



CITY OF FRANKFORT
Planning and Building Codes Department
P.O. Box 697
Frankfort, Kentucky 40602
Phone: (502) 875-8500 Fax: (502) 875-3579
www.frankfort.ky.gov

APPLICATION FOR TEMPORARY ENCROACHMENT PERMIT

Date: _____ (Please be advised permit shall expire April 30)

Requested by: Name: _____ Phone Number: _____

Address: _____

Business Name: _____

Owner information: Name: _____

(if different than applicant) Address: _____

Required Supplemental Information:

1. Copy of City of Frankfort Business License.
2. Proof of current liability insurance for both the licensee and the City of Frankfort, for a minimum amount of one million dollars (see Ordinance 29, 2000 series, section 3.a.4 for more specific information).
3. Diagram of the permitted area, showing locations and dimensions of the layout, all proposed encroachments and all publicly owned benches, tables, or other existing objects within the area.
4. Proof of ABC license(s) if serving alcohol, health permits, or other permits for the business involved.
5. \$50 fee, payable to the City of Frankfort.

Owner/Applicant attests that they have read and understand the requirements contained herein and will comply with all regulations and requirements prior to commencement of motor vehicle sales/displays.

 Applicant Signature

 Date

STAFF PERSONNEL ONLY

Zoning District: _____
 Documentation completed and in accordance with Ordinance 29, 2000 Series? Yes [] No []
 Requested Location and Application is hereby: Approved [] Denied []
 Comments:
 Signature _____ Date _____