



## CITY OF ST. CLAIR SOCIAL DISTRICT PERMIT APPLICATION

### CITY STAFF USE

Parcel ID#: \_\_\_\_\_ Date: \_\_\_\_\_ Approved: \_\_\_\_\_

### APPLICANT CONTACT INFORMATION

#### PROPERTY OWNER

Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

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

#### APPLICANT/OWNERS REPRESENTATIVES

Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

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

### Required Information

1. Provide a to-scale drawing of the proposed Social District, including any proposed encroachment into publicly-owned property or a public right-of-way. (Attach separately)
2. If the proposed Social District is in the public right-of-way, the applicant must also acquire a right-of-way permit from the Building Department.
3. If the proposed Social District encroaches on publicly-owned property, a certificate of insurance naming the City of St. Clair as an additional insured is required.

### SIGNATURE

I hereby certify the following:

1. I have read and agree to abide by the following terms:
  - a. Outside waste receptacles will be provided.
  - b. Removal of all garbage and litter within 100 feet of all property within one hour of close of business.
  - c. Continually clean tables of plates, cutlery, glasses and food products.
2. If the proposed social district is on publicly-owned property, I agree to indemnify, hold harmless and to defend, at my sole expenses, any action brought against the City based upon the creation of the Social District.
3. I understand that the permit **can be revoked at any time if the required conditions are not being met.**
4. I authorize City Staff to inspect the site.

Property Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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