



**CITY OF SANDUSKY
APPLICATION FOR STREET SALE**

Organization applying for permit: _____

Address: _____

Representative/contact person: _____

Phone number: _____

Safety Coordinator: _____

Requested Date of Event: _____

Requested Hours of Event: _____

Liability insurance provide by: (must provide insurance certificate) _____

What will the proceeds be used for: _____

Council Action Date: _____

Approved **Disapproved**

City Clerk: _____
