

Filing Date _____

APPLICATION FOR NEWSPAPER VENDING MACHINE PLACEMENT IN PUBLIC RIGHT OF WAY

1. _____
Applicant's Name Mailing Address Telephone

2. _____
Agent's Name Mailing Address Telephone

3. _____
Adjoining Property Owner Mailing Address Telephone

4. _____
Adjoining Renter's Name Mailing Address Telephone

5. _____
Address and Legal Description of Adjoining Property

6. Zoning District: _____

7. Length of Time Requested (max. of two years) _____

8. Briefly state your reasons for this request. (Use Back if Necessary)

9. Site plan or drawing showing the location of the vending machine must be included.

Signature of Applicant or Agent Date

DO NOT WRITE BELOW THIS LINE

CITY ADMINISTRATOR ACTION

Adjoining Property Owner' or Renter Objections	Yes	No	N/A
Pedestrian Safety and Convenience Concerns	Yes	No	N/A
Traffic and Pedestrian Flow Concerns	Yes	No	N/A
Compatibility and Harmony Concerns	Yes	No	N/A
Approved by City Administrator	Yes	No	

Length of Time Approved (max. of two years) _____