

TRANSIENT BUSINESS LICENSE AND PERMIT APPLICATION

General Regulations

- Transient businesses are permitted only in B-2, B-3, B-4 and Industrial (I) zoning districts and as a Conditional Use in a B-1.
- Must be located a minimum of 500 feet from all other transient businesses.
- Transient businesses are not permitted to be at a location more than 90 days per calendar year.

Type of Permit: ___ 1 Day ___ 3 Day ___ 7 Day ___ 30 Day ___ 60 Day ___ 90 Day

Start Date: _____ End Date: _____ (Runs in consecutive days)

Location of Transient Business: _____

Name of Business: _____

Business Owner: _____ Phone #: _____

Mailing Address: _____

Check Ownership Type: ___ Sole Proprietor ___ Partnership ___ Corporation ___ LLC ___ LLP

Business Identification # (Tax ID#, EIN#, or last 6 SSN):* _____

***A separate application is needed for all businesses that operate under the above business identification number.**

Description of Business: _____

Have you previously operated as a transient business in the City of Murray? ___ Yes ___ No

Will your transient business require the preparation & distribution of food products? ___ Yes ___ No

If yes, a current health permit issued by the Calloway County Health Department must be submitted.

The following documents must be submitted along with this application for approval:

- Copy of lease agreement or similar document from property owner
- Site Plan - The site plan shall include a mapped location of the proposed business, including existing parking spaces, roadways, sidewalks, setbacks, and buildings; it should also entail measurements of distance from proposed display/enclosure to nearby parking spaces, roadways, sidewalks, and buildings. Aerial photography, existing surveys, or plat will suffice for this purpose. The site plan shall include any photography of tents, trailers, stands, etc. that will be used. ***The City of Murray has the right to review and/or reject any site plan submitted. Once approved by the City, all site plans must be maintained by the transient business with the duration of the permit. Any deviation from the site plan by the transient business may result in revocation of the permit and the transient business activity shall be terminated.***
- Sign Permit Application (if applicable)
- A copy of any local, state or federal permit that is required for your business (i.e. Health department or State Fireworks permits)

Signature: _____ Date: _____

OFFICIAL USE ONLY

Zoning Location: _____ Sign Permit ___ Yes ___ No CUP Required? ___ Yes ___ No Health Dept Permit ___ Yes ___ No

Classification: _____ Fee Amount \$ _____ Business License# _____

___ Approved ___ Denied _____ Permit Expires _____

Zoning Official

Date