



INSTRUCTIONS **SIDEWALK SALE**

1. Complete Permit Application

Please remember:

- a. Indicate your business' address
 - b. A description of the location of the sidewalk sale
- ### 2. Signature and contact information are required
- ### 3. Return Permit Application to:

Board of Public Works
227 West Jefferson
1316 County-City Building
South Bend, Indiana 46601
Phone: (574) 235-9251
Fax: (574) 235-9171

RETURN FORM TO:
Board of Public Works
1316 County-City Building
227 West Jefferson Boulevard
South Bend, IN 46601
Phone: (574) 235-9251 • Fax: (574) 235-9171

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APPLICATION FOR SIDEWALK SALE PERMIT
CITY OF SOUTH BEND, INDIANA

NEW

RENEWAL

DATE _____

PERMIT FEE IS \$10.00 PER YEAR

Fee is Paid

Applicant's Legal Name _____ Title _____

Business Name _____

Address _____

Telephone Number _____

Proposed Location and Description of Sidewalk Sale

Days of Sidewalk Sale Operation	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Hours of Sidewalk Sale Operation							
Type of Goods to be Sold							
Dates of Sidewalk Sale							

[Note: This Permit may be utilized by the Permittee only for sidewalk sales directly in front of his/her business establishment. This Permit does not allow the placement of merchandise in front of the business of any merchant other than the Permittee, unless the properties involved are contiguous and the written consent of the other merchant is obtained. Permittee must allow for at least five (5) feet of unobstructed sidewalk for the free flow of pedestrian traffic at all times during the sale.]

1. AFFIRMATION

I, the undersigned, agree that I will abide by all of the provisions of Section 18-15 of the South Bend Municipal Code and with all the provisions stated above as conditions of the issuance of this Permit. I further agree to indemnify, defend and hold harmless the City of South Bend from any liability, loss, cost, damage or expenses, including attorney fees, which the City may suffer or incur as the result of any use of the public sidewalks for a sidewalk sale as permitted herein. I do hereby certify and affirm that all the information given in this application is true to the best of my knowledge.

Date

Signature of Applicant

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Board of Public Works
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 227 West Jefferson Boulevard
 South Bend, IN 46601

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Title of Applicant

BOARD OF PUBLIC WORKS APPROVAL

President

Member

Member

Member

Member

Date

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