

CITY OF ESCONDIDO 201 North Broadway Escondido, CA 92025 (760) 839-4659

FOR OFFICE USE ONLY				
BL #				
Zoning:				
Overlay:				
Approved by:				
Date:				

TEMPORARY USE PERMIT - BUSINESS RECOVERY FORM

APPLICANT:				
Name:		– Date:	Date:	
Business Name:			Landlord or Property Manager Approval (if needed):	
Business Address:			Name (print):	
City, State, Zip Code:			Signature:	
Phone Number:		_		
Email Address:		Email com	Email completed forms to: Planning@escondido.org	
expanded outdo	1/2' x 11" paper to provide a diagramor dining or sales area on sidewalks	and in parking	spaces.	
Please provide the f	ollowing information, as applicable:			
☐ Proposed ho	ours of operation (i.e. the days and I	hours, including	any set up and clean up):	
☐ Is alcohol be	ing served in the outdoor space?	☐ Yes ☐ No	☐ Doesn't apply (N/A)	
A copy of th	e ABC license authorizing alcohol se	rvice is needed i	if alcohol is to be served at the event.	
☐ Any drivewa	y, parking spaces, travel lane, or ro	ad closures?	☐ Yes ☐ No ☐ Doesn't apply (N/A)	
☐ Is special sig	nage or fencing proposed?	☐ Yes ☐ No	☐ Doesn't apply (N/A)	
☐ Any canopie	s or shade tents? ☐ Yes ☐ No			
•	to https://www.escondido.org/spec of canopies and/or tents.	cial-temporary-u	<u>use-permits.aspx</u> for information about the	
its officers, employe Use Permit ("TUP"),	es and agents for any and all liabilit	y arising out of on behalf of the	ify and hold harmless the City of Escondido, the actions permitted by said Temporary e City of Escondido, all claims, damages, d thereto.	
additional insured, a	•		e of Liability insurance naming the City as s) of the TUP, and with a minimum limit of	
I have read and und	erstood the conditions and limitatio	ns regarding th	e TUP, have reviewed the conditions on the	
			aspx and hereby certify compliance. Failure	
to comply is ground: TUP application.	; for denial or revocation. False or r	nisleading infor	mation shall be grounds for denial of the	
Print Name		 Signat	ure	