

City of Winter Park  
Building & Permitting  
Service Department  
401 S. Park Ave.  
Winter Park, FL 32789  
Permits@cityofwinterpark.org  
407-599-3237

Permit #: \_\_\_\_\_



**Winter Park Art Festival Sidewalk Sale**  
**Application for Permit and Merchandise Listing**

March 20-22, 2020

\$150.00 Permit Fee, Fee increases to \$200 beyond March 9th

*This form must be submitted with all Art Festival Sidewalk Sale permit applications. Applications must be submitted to the Building & Permitting Service Department no later than March 16, 2020.*

Please provide a detailed list of all merchandise to be displayed during the Art Festival Sidewalk Sale below. Only items that are normally sold in your licensed business may be displayed during this event. Safety and Code Compliance will be ensuring that only the merchandise listed is displayed. Restaurants may not extend table service more than 10 feet into the right of way. All table service must cease at 3pm on Sunday, March 22nd and everything must be cleared from the right of way by 5pm.

Number of Displays or Tables to be set-up: \_\_\_\_\_ (provide site plan of layout)

1. Tables and chairs will be no longer than 10' (Ten) feet from the curb.
2. Retail business may not display in the street. Tables limited to width of storefront without neighboring business approval.
3. There will be a rope or stanchions delineating the length of the space. Inspections will be made by the Fire Marshal.
4. There will be no tents allowed in the street for dining.
5. Umbrellas may be used as long as they do not exceed over the ten foot mark.
6. Serving of food will cease one hour prior to the end of the event in order to open the roadway on time.
7. ALL tables, chairs, and umbrellas will be removed from the roadway by 5pm
8. Failure to comply with this set of standards will result in you losing the privilege to utilize the roadway during future events

Please be aware that these violations will be enforced. You could be issued a citation with a fine up to \$500.

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STORE/RESTAURANT NAME: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ EMERGENCY TELEPHONE: \_\_\_\_\_

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

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Staff Reviewed Application: Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Date: \_\_\_\_\_