



**City of Kenai
Special Use Permit
Application**

Application Date: _____

Applicant Information

Name of Applicant:							
Mailing Address:		City:		State:		Zip Code:	
Phone Number(s):	Home Phone: ()			Work/ Message Phone: ()			
E-mail: (Optional)							
Name to Appear on Permit:							
Mailing Address:		City:		State:		Zip Code:	
Phone Number(s):	Home Phone: ()			Work/ Message Phone: ()			
E-mail: (Optional)							
Type of Applicant:	<input type="checkbox"/> Individual (at least 18 years of age) <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Government <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Other _____						

Property Information

Legal or physical description of the property:			
Description of the proposed business or activity intended:			
Is the area to be used in front of or immediately adjacent to any established business offering the same or similar products or services upon a fixed location?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Would the use under this permit interfere with other businesses through excessive noise, odor, or other nuisances?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
If you answered yes to any of the above questions, please explain:			
What is the term requested (not to exceed one year)?			
Requested Starting Date:			
Signature:		Date:	
Print Name:		Title:	

For City Use Only:	Date Application Fee Received:	_____
<input type="checkbox"/> General Fund <input type="checkbox"/> Airport Reserve Land	City Council Action/Resolution:	_____
<input type="checkbox"/> Airport Fund <input type="checkbox"/> Outside Airport Reserve	Account Number:	_____