



# Town of Kill Devil Hills Commercial Yard Sale Application

**Applicant**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Cell: \_\_\_\_\_

**Property Owner**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Cell: \_\_\_\_\_

**Event Location**Address: \_\_\_\_\_  
\_\_\_\_\_**Event Date (s) & Time**

Date(s): \_\_\_\_\_

Hours: \_\_\_\_\_

**Duration of the Event:** \_\_\_\_\_**General Description of items for sale or promotion:**


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**Please provide information as to how the following will be addressed (as applicable):**

1. Impact , if any, on existing parking areas (on a site plan show the parking up to 10% being used and any other area(s) to be used for sale), streets, highways and the burden placed upon public agencies for traffic and crowd security and control:

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2. Effects if any, on fire control and fire prevention, including safety precautions \_\_\_\_\_

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3. Provisions for collection and disposal of solid wastes, including trash and garbage, and sanitary provisions:

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4. Provisions for returning the site to its pre-event conditions, including but not limited to the removal of equipment, tents, tables, chairs and all debris and trash immediately after the event : \_\_\_\_\_

\_\_\_\_\_

5. The square footage, type, and location of temporary signage: \_\_\_\_\_

\_\_\_\_\_

**Please attach the following:**

1. A certificate of health inspection or letter of exemption, from the Dare County Health Department with respect to any food products prepared by any food operation required to be licensed. Sanitary facilities must be provided as required by the Dare County Health Department and the North Carolina Building Code
2. Sketch of the lay-out of the proposed event.

Staff Use Only: Received By: _____ Date: _____
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