



City License No.: _____

Entered: _____

Approved/Denied By: _____

Approval/Denial Date: _____

BUS STOP BENCH PERMIT APPLICATION

Nonrefundable Fee:

Number of locations: _____ X \$10.00 per location = \$ _____ Total Fee Receipt No.: _____

I hereby apply for a permit for the installation of bus stop benches on public sidewalks in Idaho Falls, Idaho at the locations listed on the attached pages(s).

Business Name: _____ Telephone No: _____

Business Address: _____

Applicant Name: _____ Telephone No.: _____

Applicant Address: _____

I understand and agree that issuance of this permit or any renewal thereof does not give me any vested interest in or vested right to use or occupy any public property within the City of Idaho Falls. I agree to comply with the requirements of all Codes and Ordinances of the City of Idaho Falls governing the installation, location, maintenance and use of bus stop benches. I also agree to indemnify and hold harmless the City of Idaho Falls, its agents, officials and employees from and against any and all claims for personal injury or for any loss or damage to property arising from the installation, placement, location or maintenance of any bus stop bench for which this permit is issued.

Signature of Applicant

Date

