

# *CITY OF MANNING*



## **SIDEWALK SALE PERMIT**

**NAME OF BUSINESS:** \_\_\_\_\_

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

Authorization for a one (1) or two (2) day sidewalk sale commencing on \_\_\_\_\_  
and ending on \_\_\_\_\_.

I understand that merchandise or wares displayed in the right-of-way will not adversely impact or impede pedestrian traffic and that any merchandise or wares displayed on the right-of-way will be contained in front of the store frontage operated by the above referenced merchant.

**Signature of Applicant:** \_\_\_\_\_

**Approved By:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**INSTRUCTIONS FOR COMPLETING**  
**SIDE WALK SALE PERMIT FORM**

**ITEM 1:** PROVIDE THE NAME OF THE BUSINESS THAT WILL BE CONDUCTING THE SALE.

**ITEM 2:** PROVIDE THE ADDRESS WHERE THE SALE WILL BE HELD. (MUST BE ADDRESS OF BUSINESS CONDUCTING SALE).

**ITEM 3:** PROVIDE THE DATE(S) OF THE SALE. MAY BE ONE OR TWO DAYS.

**ITEM 4:** OWNER OR REPRESENTATIVE OF THE BUSINESS MUST SIGN THE FORM.

- **THE FORM MUST BE FILLED OUT IN ITS ENTIRETY.**
- **THE SIGNED ORIGINAL FORM MUST BE RETURNED TO**  
**THE CITY OF MANNING**  
**PO BOX 546**  
**MANNING, SC 29102**