



SIDEWALK DISPLAY FORM

204 W 11th; PO Box 59
Goodland, KS 67735
Phone: 785-890-4500
Fax: 785-890-4532
Website: www.goodlandks.us

SIDEWALK DISPLAY FORM

Store Name: _____ E-mail: _____

Address: _____ Phone No: _____

Owner/Applicant _____

Purpose of Display: _____

Beginning Date of Display: _____

Ending Date of Display: _____

I hereby have read and understand Ordinance No. 1604. Merchandise will be displayed in front of the store named above, only for the period of time specified. We will be displaying or selling merchandise in an area not to exceed twenty-five percent (25%) of our store front area, and will leave ample access area around displays for pedestrian traffic.

Date ___/___/___ Signature: _____

APPROVALS (STAFF USE ONLY):

1. Building Official: _____

2. City Manager: _____

Staff Comments: _____
