



# CITY OF READING, PENNSYLVANIA

PROPERTY MAINTENANCE DIVISION  
HEALTH OFFICE  
815 WASHINGTON STREET  
ROOM 1-30  
READING, PA 19601-3690  
(610) 655-6214

## SIDEWALK SALE PERMIT APPLICATION

DATE: \_\_\_\_\_

### GENERAL INFORMATION

Name of Business \_\_\_\_\_  
Location of Business \_\_\_\_\_  
Business Telephone \_\_\_\_\_

### BUSINESS OWNER

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone # \_\_\_\_\_

### PROPERTY OWNER

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone # \_\_\_\_\_

### ADJOINING PROPERTY OWNER(S)

Name (1) \_\_\_\_\_ (2) \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

### REQUIRED DOCUMENTATION

\_\_\_\_\_ General Liability Insurance Policy (\$100,000.00 per individual and \$300,000.00 per occurrence)

\_\_\_\_\_ Hold-Harmless Agreement (subject to City Solicitor approval)

I hereby verify that the information provided on this application is true and correct to the best of my knowledge, information and belief. I understand that false statements made herein are subject to penalties of 18 Pa. C.S.A. §4904, relating to unsworn falsification to authorities.

Business Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

