



**APPLICATION FOR VENDOR SITE PERMIT**  
**CITY OF SPRINGFIELD, MISSOURI**  
**Building Development Services**  
**840 Boonville Springfield MO 65802 417-864-1059**

VEN# \_\_\_\_\_

**I. IDENTIFICATION**

\*Applicant \_\_\_\_\_  
 Owner/Lessee of Property if different from Applicant \_\_\_\_\_  
 Owner/Lessee Mailing Address \_\_\_\_\_  
 Owner/Lessee Telephone \_\_\_\_\_ Fax \_\_\_\_\_

**II. LOCATION OF SITE**

Address \_\_\_\_\_  
 Legal Description \_\_\_\_\_  
 Zoning \_\_\_\_\_ If located within a Planned Development have you submitted your plans to the Administrative Review Committee. Yes \_\_\_ No \_\_\_  
 Administrative Subdivision of Legal Certification No. \_\_\_\_\_ (If applicable)

**III. REQUIREMENTS**

On a full site plan drawn to scale indicate the following:  
 \_\_\_ The proposed location of the temporary vendor site. (Must be located on a dust free surface)  
 \_\_\_ All required setbacks and site triangles.  
 \_\_\_ Square footage of each existing tenant space and the use of each space.  
 \_\_\_ All existing traffic circulation and how the proposed vendor site will affect traffic flow.  
 \_\_\_ Location of accessible restrooms must be within 500 feet from your site and on the same side of the street. A letter authorizing the use of facilities must be included if not under Owners/Lessee control.

**IV. PARKING SCHEDULE**

Number of Parking Spaces Presently Available on the Property \_\_\_\_\_  
 Number of Parking Spaces Presently Required on the Property \_\_\_\_\_  
 Number of Parking Spaces Removed/Used by Proposed Vendor Site \_\_\_\_\_  
 Is the proposed location a vacant lot? Yes \_\_\_ No \_\_\_

*I hereby certify that the proposed application is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws of this jurisdiction.*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 \*Applicant Signature Address Phone

(Office Use)  
 BDS Approval by \_\_\_\_\_ Date \_\_\_\_\_ Permit Fee \$ \_\_\_\_\_  
 (BDS Official)  
 Method of Payment: Cash \_\_\_\_\_ Charge \_\_\_\_\_ Check # \_\_\_\_\_