



Application for Directional Sign on Foley Beach Express

Applicant: _____

Mailing address: _____

Email: _____ Phone: _____

Business Form (Please circle one) Profit Non-profit

Business Type (Please check only one):

SERVICE RESTAURANT LODGING RETAIL CAMPING ATTRACTION

Attendant On-Site (circle one): Yes No

Lodging Units Available: _____ Parking units available: _____

Business Name: _____

Physical Address: _____

Is business within City limits (circle one): Yes No

City of Foley Business License No.: _____

Distance from intersection of _____ and the Foley Beach Express: _____

Dates and hours of operation: Year Round Seasonal From: _____ To: _____
Month Day Month Day

List days and hours of operation:

		<u>circle one</u>			<u>circle one</u>
Monday	_____	(am) (pm)	to	_____	(am) (pm)
Tuesday	_____	(am) (pm)	to	_____	(am) (pm)
Wednesday	_____	(am) (pm)	to	_____	(am) (pm)
Thursday	_____	(am) (pm)	to	_____	(am) (pm)
Friday	_____	(am) (pm)	to	_____	(am) (pm)
Saturday	_____	(am) (pm)	to	_____	(am) (pm)
Sunday	_____	(am) (pm)	to	_____	(am) (pm)

If Restaurant, list days and hours of meals:

	<u>Breakfast</u>	<u>Lunch</u>	<u>Dinner</u>
Monday	_____	_____	_____
Tuesday	_____	_____	_____
Wednesday	_____	_____	_____
Thursday	_____	_____	_____
Friday	_____	_____	_____
Saturday	_____	_____	_____
Sunday	_____	_____	_____

Maximum occupancy:_____ Total parking units:_____ Total square footage:_____

Please check services available:

- Restrooms (including handicapped accessible) Drinking water Parking Fuel Oil
 Air and Water Public phones Picnic tables Trash cans Toilet and bathing facilities

I, the applicant, certify that the statements contained in this application are true and correct, that the business identified is conducted in conformity to all laws applicable to nondiscrimination, and that I have read, understand, and accept the conditions and restrictions stated in Ordinance No. 1142-10. I understand that the application will be reviewed by an advisory committee that will determine if all eligibility requirements have been met, which will determine application approval or disapproval. Once approved, a separate sign contract will be sent to the applicant.

Signature of Applicant/Authorized Agent

Date

For Office Use Only

Received by: _____ Date: _____ Fee: _____ Receipt #: _____
Approved by: _____ Date: _____ Issued By: _____ Date: _____