COUNTY OF LAKE
PUBLIC WORKS DEPARTMENT
Courthouse - 255 N. Forbes Street
Lakeport, California  95453
Telephone 707/263-2341
Fax 707/263/7748
Scott De Leon
Public Works Director

COUNTY PROPERTY USAGE APPLICATION

For those businesses desiring to use county Right of Way for temporary business expansion, the Public Works Department requests the following:

1. Name of Applicant/Business: ______________________________________________________
   ____________________________________________________________________________

2. Applicant’s Address Phone Number and email address: _______________________________
   ____________________________________________________________________________

3. Name and Title of Individual representing the Applicant: _____________________________
   ____________________________________________________________________________

4. Please described the Event for which the permit is requested. Please also include the days and duration of use: ________________________________________________________________
   ____________________________________________________________________________

5. Address and Phone Number of Representative: __________________________________
   ____________________________________________________________________________

6. Area Desired: (Please be specific) include address or parcel number right of way fronts. Use reverse side of this application, if needed. ______________________________________________________________
   ____________________________________________________________________________

7. Please describe how this area of right of way will be protected from vehicular and other traffic:
   ____________________________________________________________________________

8. Days of the Week and Time of operations on each day desired: (From what time to what time?) ________________________________________________________________
   (Must be hours between sunrise and sunset)
   ____________________________________________________________________________

9. Please provide a complete explanation of the Right of Way use, including exactly what will be happening. Use reverse side of this application, if needed. ________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________

10. Will food and/or soft drinks be sold?: _____________________________________________

11. Will alcohol be sold?: __________________________________________________________

12. If you have a current license to sell alcohol, please provide verification that it extends to the sale of alcohol outside your normal business location.

13. Will the County ROW be restored to its original condition after each day of operation?________

14. Please provide a complete, legible MAP of area to be used – include placement of any tables or other furniture, etc.

SIGNED: __________________________________________ DATE: ________________
Applicant or Applicant’s Representative

You will be notified as soon as possible as to whether or not your application has been approved.

Email completed application to publicworks@co.lake.ca.us or fax to (707) 263-7748