



# City of MONDOVI

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156 S. Franklin St., Mondovi, WI 54755

Tel. 715-926-3866

Fax. 715-926-4261

## APPLICATION FOR SIDEWALK PERMIT

PLEASE COMPLETE THE FOLLOWING:

APPLICANT/BUSINESS NAME:

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DESIRED NAME ON PERMIT (IF DIFFERENT):

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LOCATION FOR PERMIT:

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MAILING ADDRESS (IF DIFFERENT):

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CONTACT PERSON:

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CONTACT PHONE NUMBER:

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PLEASE PROVIDE A COPY OF YOUR CERTIFICATE OF LIABILITY INSURANCE TO THE CITY OF MONDOVI.  
RETURN THIS SIGNED APPLICATION WITH THE INSURANCE COPY TO US.

I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND CORRECT.

DATED: \_\_\_\_\_, 20\_\_\_\_

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APPLICANT'S SIGNATURE