



CITY OF WEST ALLIS
**APPLICATION FOR A TEMPORARY
RESTAURANT CARRY-OUT ZONE**

I (We) hereby make application for the issuance of a permit for a curbside privilege at the property located at:

- Restaurant Name _____
- Address _____
- Street on which the zone applies _____

- Applicant's Name _____
- Applicant's Electronic Signature _____
- Applicant's Address _____
- Applicant's Email Address _____
- Applicant's Telephone Number _____
- Date _____

APPLICANT DESCRIPTION: (FOR EXAMPLE: Curb lane on the north side of West Becher Street between 68th Street and 69th Street adjacent to the property located at 6789 West Becher Street)

Approved: Yes No

By:

Date:

Comments:

Permit Number: