

Grand Opening Ground Sign Permit Application

Date	Business Tax#					
Business Conta	ct Information					
Business name	Contact name		Phone	Email		
Business Addre	ess					
Street		- City		State	ZIP Code	
At submittal of this	s application, provide the	e following	g:			

- A copy of the business tax license.
- Payment via the City's eTrakit online portal or by check made payable to the City of Coral Springs.
- Notarized hold harmless agreement (attached).
- Prepared artwork in PDF or JPEG format at 300 DPI or better. Sign artwork should contain the business name and logo. Please note that phone numbers and email addresses on Grand Opening signs are generally discouraged.

Please submit all prepared artwork along with a completed application as an attachment via email to zoning@coralsprings.gov.

The Grand Opening Sign program installs an eight-foot-tall banner sign which states "Grand Opening" or "Now Open" at the top. The sign allows for a 15 square foot area in which the business can advertise on both sides of the panel. The City will work with the business on the correct announcement and placement of the sign.

Pricing is as follows:

45 days: \$500.00

The business must have received their Local Business Tax license within the past six months to be eligible for this program.

^{**}Design concepts and a mockup of the sign can be provided by the City and will be emailed to the applicant for final approval**

Indemnification and Hold Harmless Agreement/Sign Installation

Property owner	Street		City	State	ZIP Code
olacing and removing enter my property fo waive all claims agair and causes of action,	g a temporary grand r that purpose and ast the City of Coral damages, losses ar	ent located at the addr d opening sign on my p agree to indemnify and I Springs, its agents, off nd liabilities, costs, or e on the referral propert	orivate propert I hold the City ficers and emp xpenses whats	y, do hereby authori of Coral Springs har loyees, from all clain	ze the City to mless and ns, actions,
		OING HOLD HARMLES! CUMENT AS MY OWN		AND KNOW THE C	CONTENTS
permitted by the law	s of the State of Flo standing, continue i	s and indemnification is orida, and that if any po in full force and effect. s.	ortion thereof is	s held invalid, it is ag	reed that the
			Owner/autho	rized agent signatur	e & date
			Witness signa	ture & date	
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