



City of Albertville
 5959 Main Ave, P.O. Box 9
 Albertville, MN 55301-0009
 Phone: 763-497-3384 Fax: 763-497-3210

Permit No. _____

Date Received _____

TEMPORARY OUTDOOR SEASONAL SALES APPLICATION

Please print or type all information. Complete all applicable items. **Property Owners Approval is required for Temporary Outdoor Seasonal Sales Permits by signature below or letter of approval submitted with application.**

Temporary Outdoor Seasonal Sales Application: Permit Fee: \$50.00 Check No./Cash _____

 Applicant's Name

 Applicant's Address

 Applicant's Contact Phone Number(s) (Day and or Evening)

 Property Owner's Name

Owners Signature * Required

 Street Address

 Phone Number

 City

 State Zip Code

Please Note: Applicant must include a site plan of your property and indicate location of stand on site

 Temporary Seasonal Sales Group Name

 Temporary Seasonal Sales Group Address

 Temporary Seasonal Sales Group Contact Phone Number(s) (Day and or Evening)

 Type of Request (vegetable stand, flowers, Christmas trees, fireworks, etc.)

 Length of Time/Hours of Operation
 * Maximum of 60 consecutive days

 Property Address where sales will take place. **Must include site plan and indicate location of stand**

By signing this application, I declare that I have read the 2005 Albertville Municipal City Code section pertaining to General Building and Performance Requirements to All Temporary Outdoor Seasonal Sales within Business Zoning Districts, and that all of the information provided to the City of Albertville on the application, or as a part thereof, is true and accurate to the best of my knowledge.

 Signature of Applicant

 Date

 City Official Signature

 Date