



TEMPORARY OUTDOOR SEASONAL SALES APPLICATION

Permit Fee: \$50

Permit No. _____

Date Received _____

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.**

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 _____