

**Application for Temporary  
 Sales of  
 “Agricultural Products”**

**LOCATION OF TENT**

Street Address: \_\_\_\_\_  
 Subdivision Name: \_\_\_\_\_  
 Legal Description: \_\_\_\_\_  
 Existing Zoning: \_\_\_\_\_  
 Existing Land Use: \_\_\_\_\_

**\*A SEPARATE APPLICATION IS REQUIRED IF A TENT IS PROPOSED AT THIS SALE LOCATION\***

**Items submitted to Health & Code Enforcement:**

**CHECKLIST**

- \$100.00 non-refundable filing fee (Christmas Trees).
- \$100.00 non-refundable filing fee (Easter Eggs/Pumpkins).
- Property must be zoned A-O or C-3.
- Legal description and Site Plan of where the tent will be placed, showing street names, curbs cuts, dimensions, and North arrow.
- Time period of sales must be stated (six-Weeks Limit): \_\_\_\_\_

**Items submitted to Building Permits & Inspections:**

- Temporary Pole, Electrical Permit Required (if applicable).
- \$26.00 Electrical Permit Fee plus \$2.00 for each unit.

**APPLICANT**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: ( ) \_\_\_\_\_

**OWNER OF PROPERTY BEING USED**

Location: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: ( ) \_\_\_\_\_

**OWNER'S SIGNATURE**

I Certify that I am the actual owner of the property described above and this application is being submitted with my consent (include corporate name if applicable). I understand and intend to comply with all of the requirements as indicated on this application.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**MINIMUM REQUIREMENTS FOR TEMPORARY SALES OF AGRICULTURAL PRODUCTS**

Additional information may be required during the review to properly complete the permit process. This application pertains to temporary sales of Agricultural Products Only. These guidelines are issued so property owners as well as vendors are given permission to locate on a temporary basis, provide a measure of safety to patrons as well as to persons using public roads.

**Building Permit & Inspections Department:**

- ❖ If electrical service is needed, a Master Electrician must obtain an electrical permit.

**Health & Code Enforcement:**

- ❖ A container capable of holding all the trash generated must be provided onsite.
- ❖ The owner/vendor will be responsible for clean-up and disposal of all debris/trash accumulated during the sales period.
- ❖ Any tent installed on the site requires a separate permit.

**Planning Department:**

- ❖ All subdivision, zoning, and setback requirements must be met.
- ❖ The length of the sale must be stated in the application.
- ❖ Off-street parking must be provided. If parking is on adjacent property, a parking agreement must be provided.
- ❖ Sanitary facilities must be provided to the site.
- ❖ Recreational vehicles for security purposes must properly dispose of waste and sewage.

**OFFICE USE:**

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Inspector's Signature: \_\_\_\_\_ Inspection Date: \_\_\_\_\_

Comments and/or Restrictions:

---



---



---

Accepted by: \_\_\_\_\_ Payment Received by: \_\_\_\_\_ Date Paid: \_\_\_\_\_

Comments: \_\_\_\_\_

---



---



---

## Easter Eggs Sales

**Note:** Applicant applying for permit must provide a schedule of sales times to determine eligibility for permit issuance. We must receive a detailed summary of working hours, and permission of restroom facilities usage for applicant and customers during operating hours. Please complete the following information:

**TO BE COMPLETED BY APPLICANT: (PLEASE PRINT)**

Applicant Name: \_\_\_\_\_

Sales Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate: \_\_\_\_\_

Please indicate hours of operation for each day listed (**ex: Monday 9am – 5pm**)

Monday: \_\_\_\_\_ Friday: \_\_\_\_\_

Tuesday: \_\_\_\_\_ Saturday: \_\_\_\_\_

Wednesday: \_\_\_\_\_ Sunday: \_\_\_\_\_

Thursday: \_\_\_\_\_

**TO BE COMPLETED BY OWNER OR MANGER OF PROPERTY BEING USED: (PLEASE PRINT)**

Name of Business: \_\_\_\_\_

Owner/Manager Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate: \_\_\_\_\_

Please indicate hours of operation for each day listed (**ex: Monday 9am – 5pm**)

Monday: \_\_\_\_\_ Friday: \_\_\_\_\_

Tuesday: \_\_\_\_\_ Saturday: \_\_\_\_\_

Wednesday: \_\_\_\_\_ Sunday: \_\_\_\_\_

Thursday: \_\_\_\_\_

**APPLICANT'S SIGNATURE**

I Certify that I am the actual owner of the property described above and this application is being submitted with my consent (include corporate name if applicable). I understand and intend to comply with all of the requirements as indicated on this application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NORTH

**SITE PLAN:**

WEST

EAST

SOUTH