

TOWN OF ST CROIX FALLS TEMPORARY VENDOR APPLICATION

MAKE CHECKS PAYABLE TO:

Town of St. Croix Falls
 1305 200th Street
 St. Croix Falls, WI 54024
 715-483-1851 M, T, Th, F 8:00am - 1:00pm

NO.	
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Property Address (Number & Street or Avenue) _____

Property Owner _____
 Mailing Address _____

City _____ State _____ Zip _____
 Email (optional): _____

Phone Number: _____

Vendor	
Address	
City	State Zip
Phone Number	Mail Permit to Vendor Yes ____ No ____
Proposed Vending Activity - BE SPECIFIC:	

LEGAL DESCRIPTION OF PROPERTY - SEE TAX BILL

Parcel # / Computer # - See tax bill
044- Section _____ Size of Parcel _____

PERMIT REQUESTED FOR: Fill in appropriate line(s)

- 30 Day Permit - \$5.00 Start Date: _____ End Date: _____
- 60 Day Permit - \$10.00 Start Date: _____ End Date: _____
- 90 Day Permit - \$15.00 Start Date: _____ End Date: _____
- 120 Day Permit - \$20.00 Start Date: _____ End Date: _____
- 185 Day Permit - \$25.00 Start Date: _____ End Date: _____

I declare that this application (including any accompanying documents) has been examined by me and to the best of my knowledge and belief it is true, correct, and complete. I agree to permit Town and County officials charged with administering Town and County ordinances or other authorized person to have access to the above-described premises at any reasonable time for the purpose of inspection.

Signature of Applicant: _____ Date: _____

Signature of Property Owner: _____ Date: _____

Received By: _____
Date Filed: _____ Fee Paid: _____
Date Approved: _____
Comments: _____