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

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_____
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 14 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 2024 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