

Temporary Use Permit.

Fee: \$35/day



Event Location:

Street Address: _____

Legal Description: _____

Property Owner's Name: _____ Phone: _____ Email: _____

Applicant's Name: _____ Phone: _____ Email: _____

Description of Business & Products Sold: _____

_____ Event Dates: _____

Have you applied or been issued other TUP's within the same calendar year? Yes: _____ No: _____

If yes, provide the address for which the TUP was issued: _____

Submittal Requirements:

- Site plan/sketch of the lot, its buildings, its parking areas, and the area intended to be used to conduct such operation.
- Submit a copy of the State Sales and Use Tax Permit (Office of State Tax Commissioner) and State Transient Merchant License (Attorney General's Office)

Acknowledgement:

- I have confirmed zoning requirements with the Planning & Zoning Department and agree to comply with all provisions under Ordinance No. 613 "Zoning Ordinance of the City of Williston" including all sections as is or as amended.
- The applicant or property owner shall notify the Planning Director once the event is concluded and all associated materials and equipment are removed from the property.
- I certify that all information and attachments to this application are true and correct to the best of my knowledge.

Applicant Signature: _____ Date: _____

Property Owner Signature: _____ Date: _____

For Office Use:

Comments/Conditions: _____

Zoning: _____ [] Approved [] Denied

Planning Department: _____ Date: _____