

Application Submission Directions:

Please Mail or Drop off the following form at the address below when completed:

**City of Dickinson
Attn: Temporary Use Permit
99 2nd Street East
Dickinson, ND 58601**

If you have any questions regarding the submission of this application, please feel free to contact the City Planner at (701) 456-7812

Section 39.12.017 Temporary Use Permits

Temporary Use Permits may be granted as provided in this Section.

(a) Application for Temporary Use Permit

Any applicant for a temporary use permit shall file an application for such permit with the Zoning Administrator, together with the following:

1. A completed application form as provided by the city;
2. Legal description of the property where the temporary use is to be located;
3. A map of the property where the temporary use is to be located depicting the location of any existing structures, parking spaces, and the temporary use itself;
4. A complete description of the proposed temporary use, including hours of operation, proposed method of merchandise display, proposed signage, list of all goods to be sold and material and equipment to be used in the proposed operations;
5. A letter of permission from the property owner pertaining to the authorized use of the site and any other facilities or services necessary to provide for the safe operation of the event;
6. For any use that includes the operation of a tent, a copy of the certificate of flame resistance;
7. For any use that involves the processing and/or sale of food products, a copy of the temporary food establishment permit issued by the State Health Department; and
8. Any other information deemed necessary to conduct a thorough analysis of the application.

(b) Temporary Uses, Performance Standards

All temporary uses shall comply with the following performance standards:

1. Temporary uses shall demonstrate the ability to display merchandise in a manner that does not create a nuisance, or adversely impact surrounding property or the visual quality of the city;
2. Signage for temporary uses shall be limited to one sign, not to exceed eight square feet. The sign shall be attached to a vehicle or structure associated with the special event;
3. No off-premise signs or attention attracting devices shall be allowed;
4. Special events shall be located in a manner that will not cause

vehicular congestion or occupy required parking spaces for another uses;

5. Upon expiration of the permit, all associated materials and equipment shall be promptly removed from the property; and
6. Other reasonable conditions of approval may be imposed to ensure the protection of the public health, safety and general welfare. (Ord. No. 1423 § 1.)

CITY OF DICKINSON
99 2ND STREET EAST
DICKINSON, ND 58601
(701) 456-7812

PERMIT NUMBER: _____
ISSUE DATE: _____

TEMPORARY USE PERMIT APPLICATION

PERMIT FEE: \$50

Receipt: _____

THE EVENT IS LOCATED AT THE FOLLOWING ADDRESS:

PROPERTY ADDRESS: _____

OWNER'S NAME: _____ PHONE NUMBER: _____

APPLICANT'S NAME: _____ PHONE NUMBER: _____

EVENT NAME: _____

EVENT DATES: FROM _____ THROUGH _____

EVENT DESCRIPTION: _____

- ANY PROCESSING AND/OR SALE OF FOOD PRODUCTS: ___ NO ___ YES
{IF YES, SUBMIT A COPY OF TEMPORARY FOOD ESTABLISHMENT PERMIT ISSUED BY STATE COUNTY HEALTH DEPARTMENT}
- DEPENDING ON THE NATURE OF THE EVENT, POLICE AND FIRE AUTHORIZATION MAY BE REQUIRED
- THIS PERMIT IS ISSUED ON THE EXPRESS CONDITION THAT THE ABOVE TEMPORARY USE PERMIT SHALL CONFORM IN ALL RESPECTS TO THE STATEMENTS CERTIFIED TO IN THE APPLICATION FOR SUCH PERMIT, AND ALL USES SHALL CONFORM TO THE DICKINSON MUNICIPAL CODE.
- SUBMIT A COPY OF THE STATE SALES AND USE TAX PERMIT {REQUIRED FOR ALL APPLICATIONS}
- SUBMIT A COPY OF THE STATE TRANSIENT MERCHANTS LICENSE {REQUIRED FOR ALL APPLICATIONS}

I certify that all information and attachments to this application are true and correct to the best of my knowledge. The applicant or property owner shall notify the City planner once the event is concluded and all associated materials and equipment are removed from the property.

APPLICANT'S SIGNATURE: _____

PROPERTY OWNER'S SIGNATURE: _____

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POLICE DEPARTMENT SIGNATURE: _____

TITLE _____ DATE _____

FIRE DISTRICT APPROVAL SIGNATURE: _____

TITLE _____ DATE _____

This application is approved disapproved. _____
City Planner Date