

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

PERMIT NUMBER: _____
ISSUE DATE: _____

TEMPORARY USE PERMIT APPLICATION

PERMIT FEE: \$100

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