

Form No.

## *Application for Temporary Vendor License*

*To the Town Board and Plan Commission of the Town of St. Croix Falls, Polk County, Wisconsin*

Owner: \_\_\_\_\_ (Signature)      Vendor: \_\_\_\_\_ (Signature)

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
(City, Town)                      (State)      (Zip)

\_\_\_\_\_  
(City, Town)                      (State)      (Zip)

Telephone No.: (Home) \_\_\_\_\_ Telephone No.: (Work) \_\_\_\_\_

(Work) \_\_\_\_\_ (Mobile) \_\_\_\_\_      (Mobile) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Property Address (if not the same as owner's address)

I the undersigned, being owner/vendor of all the area herein described, hereby petition the Town Board of the Town of St. Croix Falls, Wisconsin, for a Temporary Vendor License as authorized by the Town of St. Croix Falls Temporary Vendor License Ordinance for the following property.

I declare that this application (including any accompanying schedule) 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 herein described premises at any reasonable time for the purpose of inspection.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Property Owner \_\_\_\_\_ Date: \_\_\_\_\_

*For Town Use Only:*

Date Filed: \_\_\_\_\_

Received By: \_\_\_\_\_

Comments: \_\_\_\_\_

