

**TOWN OF ST CROIX FALLS TEMPORARY VENDOR APPLICATION**

**MAKE CHECKS PAYABLE TO:**

Town of St. Croix Falls  
 1305 200th Street  
 St. Croix Falls, WI 54024  
 715-483-1851 M, T, Th, F 8:00am - 1:00am

|     |  |
|-----|--|
| NO. |  |
|-----|--|

Property Address (Number & Street or Avenue) \_\_\_\_\_

Property Owner \_\_\_\_\_  
 Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Email (optional): \_\_\_\_\_

Phone Number: \_\_\_\_\_

|  |   |
|--|---|
| Vendor                                   |   |
| Address                                  |   |
| City                                     | State Zip                                 |
| Phone Number                             | Mail Permit to Vendor<br>Yes ____ No ____ |
| Proposed Vending Activity - BE SPECIFIC: |   |

**LEGAL DESCRIPTION OF PROPERTY - SEE TAX BILL**

Parcel # / Computer # - See tax bill  
**044-** Section \_\_\_\_\_ Size of Parcel \_\_\_\_\_

PERMIT REQUESTED FOR: Fill in appropriate line(s)

- 30 Day Permit - \$5.00      Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_
- 60 Day Permit - \$10.00      Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_
- 90 Day Permit - \$15.00      Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_
- 120 Day Permit - \$20.00      Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_
- 185 Day Permit - \$25.00      Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

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

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

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

|                                   |
|-----------------------------------|
| Received By: _____                |
| Date Filed: _____ Fee Paid: _____ |
| Date Approved: _____              |
| Comments: _____                   |