

Application for Temporary Use Permit

City of Mt. Vernon, MO.
417-466-2167

Permit # _____

Address/location of site: _____

Type of merchandise/activity/service: _____

Dates of occupancy at site: _____ to _____
(Permits are valid for up to 180 days occupancy per anniversary year)

Name of vendor: _____

Address: _____ City: _____

State: _____ Zip: _____

Phone number: (____)-____-_____ ext: _____

State of Missouri Retail Sales License #: _____

Name of property owner
or authorized agent: _____

Address: _____ City: _____

State: _____ Zip: _____

Phone number: (____)-____-_____ ext: _____

Zoning of location: R-1- R-2- R-3- MP-
B-1- B-2- B-3- M-1- M-2-

Utility requirements: Water- Sewer- Electric-

Lot/location have legal frontage on a public right-of-way? Yes- No-

Driveway access available to site? Yes- No-

Is site a vacant lot? Yes- No-

Owner/authorized agent signature: _____

Applicant signature: _____ Date: _____

Zoning Administrator: _____ Date: _____

Application Fee: \$100

Paid, City Clerk: _____