

CITY OF ST. PAUL DEPARTMENT OF SAFETY AND INSPECTIONS

375 JACKSON ST., SUITE 220 ST. PAUL, MINNESOTA 55101-1806

STATE FAIR VENDING PERMIT APPLICATION

Visit our Web Site at www.stpaul.gov/dsi

	Number	S	treet Name		St. Ave.	Blvd. Etc	NSEW	Suite/Apt.	Zip		Date
PERMIT ADDRESS	1 (0111001	2			50.11.01	21,0,20		Dure, 14pt.	2		Dute
	(Must be the	e property (owner)		Address City State, Zip	+ 4		nt than Permit A		Address)	Phone
			VE	NDORS	SON	THE PI	ROPER	TY			
	NAME OF VENDOR			CONTACT PERSON			PH	PHONE NUMBER			
	****F	OOD VE	NDORS WI	LL REQ	UIRE A	A STATE	E OF MI	NNESOTA	LICENSI	E ****	
will be co			formation forming the						ations and	l city or	dinances
Fax # with A	ke your permit frea Code: ('signage in S must be incl) quare Feet	If Yes, enter you -	r Fax # belov	V	Approving Inspector	ng r's Initials:	Permi	t Number	(Office	Use Only)
Payment Made by Credit Card – Complete the Information Below				PERMIT FEE ►				\$120.00			
☐ Americ	an Express [☐ Visa	☐ MasterC	Card 🗌 I	Discover	Expira	tion Mont	h/Year ▶			
Enter Account . Number											
Signature of C	ardholder:										
				fax your app dit card infor	plication. mation sec	Our fax nun ction must be	aber is 651-26 e filled in and	66-9124. signed.	•		
If you have questions, call Zoning Monday – Friday between 7:30 AM – 4:30 PM. Phone 651-266-9008											

REQUIRED CONSENT FOR STATE FAIR VENDING PERMIT

I have no objection to my next-door neighbor located at the Permit Address on the reverse side of this form allowing outdoor vending on their property during the Minnesota State Fair.

Date	Name	Signature	Address		

If vendor is within three (3) feet of the side property line and is not the same vendor on both properties, a waiver is required to be signed by your neighbor.

SIDE SETBACK WAIVER FOR STATE FAIR VENDORS

I agree to waive the vendor setback requirement of three (3) feet from the side lot line for my next-door neighbor located at Permit Address on the reverse side of this form during the Minnesota State Fair.

Date	Name	Signature	Address		