City of Longville

P.O. Box 217 Longville, MN 56655 (218) 363-2022 cityoflongville@gmail.com

Vendor Permit Application

| Vendor Name | | | | |
|---|---------------------|-------------|--------------------|---------------|
| Name of Applicant | | | | |
| Applicant Street Address, | | | | |
| City, State and Zip Code | | | | |
| city, state and zip code | | | | |
| Applicant Phone Number | | | | |
| Applicant Email | | | | |
| Date(s) of Event | | | | |
| Time of Event | Start: | | End: | |
| Short Description of | | | | |
| Event | | | | |
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| Location of Event | | | | |
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| SHOW PROOF OF PERMISSION | JIN FROIVI PROPERTY | OWNERS IF | JINEK INAN SELF (F | ATTACHIVIENT) |
| Comments: | | | | |
| Comments. | | | | |
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| CEO OO (nor day) Non refun | dabla Ega Basaiyadı | □ Date | e Received: | |
| \$50.00 (per day) Non-refund | able ree Received. | L Date | e Received. | |
| Proof of Event Liability Insurance Received: Date Received: | | | | |
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| Signed | | | Date | |
| - 0 | | | | |
| Approved | | | Date | |
| Approved | | | Date | |

The City Council will consider the above information at a regular council meeting held the third Wednesday of each month.