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	
Applicant Phone Number	
Applicant Email	
Date(s) of Event	
Time of Event	Start: End:
Short Description of Event	
Location of Event	

SHOW PROOF OF PERMISSION FROM PROPERTY OWNERS IF OTHER THAN SELF (ATTACHMENT)

Comments:
_____
_____
_____

$50.00 (per day) Non-refundable Fee Received: ☐ Date Received: _____

Proof of Event Liability Insurance Received: ☐ Date Received: _____

_____ _____
Signed Date

_____ _____
Approved Date

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