



SINGLE SEASON AGRICULTURAL SALES PERMIT

FOR CITY USE ONLY:

Fee: \$196.00

File No: _____

Project Name: _____

Date Submitted: _____

APN(s): _____

PROJECT INFORMATION:

Address: _____

Shopping Center: _____

Check type of agriculture sold:☐ Christmas Tree Sales☐ Halloween Pumpkin Sales☐ Produce Sales☐ Type of Produce: _____**APPLICANT INFORMATION:**

Contact Person: _____

Organization: _____

Telephone No.: _____

E-mail: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

PROPERTY OWNER INFORMATION:

Contact Person: _____

Organization: _____

Telephone No.: _____

E-mail: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Proposed Dates: _____ **to** _____**Hours of Operation:** _____**Project Description** (number and type of structure(s) proposed, number of parking stalls, number of employees, other proposed activities)_____

I hereby certify under penalty of perjury that all the foregoing information is true and correct and recognize that any false or misleading information shall be grounds for denying this application.

Applicant Signature_____
Date

I hereby authorize the applicant, identified above, to file this application and represent me in matters related to its processing:

Property Owner Signature_____
Date