



Application for Temporary Sales of "Agricultural Products"

LOCATION OF TENT

Street Address: _____

Subdivision Name: _____

Legal Description: _____

Existing Zoning: _____

Existing Land Use: _____

A SEPARATE APPLICATION IS REQUIRED IF A TENT IS PROPOSED AT THIS SALE LOCATION

Items submitted to Health & Code Enforcement:

CHECKLIST

See City of McAllen Code of Ordinances Chapter 78, Article I., Section 78-2 & Section 78-3.

- Checklist items: \$100.00 non-refundable filing fee (Fall Pumpkins) -Limited to Six Weeks, \$100.00 non-refundable filing fee (Christmas Trees) -Limited to Six Weeks, \$100.00 non-refundable filing fee (Easter Confetti Eggs/Cascarones) -Limited to Six Weeks, \$100.00 non-refundable filing fee (Flowers/Floral Bouquets) -Limited to fourteen days before: Mother's Day, Father's Day, Valentine's Day, Property must be zoned A-O or C-3, Legal description and Site Plan of where the tent will be placed, showing street names, curbs cuts, dimensions, and North arrow, Time period of sales must be stated (six-Weeks Limit): _____

Items submitted to Building Permits & Inspections:

- Checklist items: Temporary Pole, Electrical Permit Required (if applicable), \$26.00 Electrical Permit Fee plus \$2.00 for each unit.

APPLICANT

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____

OWNER OF PROPERTY BEING USED

Location: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____

OWNER'S SIGNATURE

I Certify that I am the actual owner of the property described above and this application is being submitted with my consent (include corporate name if applicable). I understand and intend to comply with all of the requirements as indicated on this application.

Signature: _____

Date: _____

MINIMUM REQUIREMENTS FOR TEMPORARY SALES OF AGRICULTURAL PRODUCTS

Additional information may be required during the review to properly complete the permit process. This application pertains to temporary sales of Agricultural Products Only. These guidelines are issued so property owners as well as vendors are given permission to locate on a temporary basis, provide a measure of safety to patrons as well as to persons using public roads.

Building Permit & Inspections Department:

- ❖ If electrical service is needed, a Master Electrician must obtain an electrical permit.

Health & Code Enforcement:

- ❖ A container capable of holding all the trash generated must be provided onsite.
- ❖ The owner/vendor will be responsible for clean-up and disposal of all debris/trash accumulated during the sales period.
- ❖ Any tent installed on the site requires a separate permit.

Planning Department:

- All subdivision, zoning, and setback requirements must be met.
- The length of the sale must be stated in the application.
- Off-street parking must be provided. If parking is on adjacent property, a parking agreement must be provided.
- Sanitary facilities must be provided to the site.
- Recreational vehicles for security purposes must properly dispose of waste and sewage.

Planning Department Authorization (Print Name/Signature)

Date (mm/dd/year)

Approved: _____ **Denied:** _____

Inspector's Signature: _____ **Inspection Date:** _____

Comments and/or Restrictions:

Accepted by: _____ Payment Received by: _____ Date Paid: _____

Comments: _____

Easter Eggs Sales

Note: Applicant applying for permit must provide a schedule of sales times to determine eligibility for permit issuance. We must receive a detailed summary of working hours, and permission of restroom facilities usage for applicant and customers during operating hours. Please complete the following information:

TO BE COMPLETED BY APPLICANT: (PLEASE PRINT)

Applicant Name: _____

Sales Address: _____

Phone: _____ Alternate: _____

Please indicate hours of operation for each day listed (**ex: Monday 9am – 5pm**)

Monday: _____ Friday: _____

Tuesday: _____ Saturday: _____

Wednesday: _____ Sunday: _____

Thursday: _____

TO BE COMPLETED BY OWNER OR MANGER OF PROPERTY BEING USED: (PLEASE PRINT)

Name of Business: _____

Owner/Manager Name: _____

Business Address: _____

Phone: _____ Alternate: _____

Please indicate hours of operation for each day listed (**ex: Monday 9am – 5pm**)

Monday: _____

Friday: _____

Tuesday: _____

Saturday: _____

Wednesday: _____

Sunday: _____

Thursday: _____

APPLICANT'S SIGNATURE

I Certify that I am the actual owner of the property described above and this application is being submitted with my consent (include corporate name if applicable). I understand and intend to comply with all of the requirements as indicated on this application.

Signature: _____

Date: _____

NORTH

SITE PLAN:

WEST

EAST

SOUTH