

CITY OF LONGVILLE  
P O BOX 217  
LONGVILLE, MN 56655-0365  
(218) 363-2022 CITYOFLNGVL@ARVIG.NET

## VENDOR PERMIT APPLICATION

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE(S) OF EVENT \_\_\_\_\_

SHORT DESCRIPTION OF EVENT \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

LOCATION (PIN IF KNOWN) \_\_\_\_\_

\_\_\_\_\_

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

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

THE CITY COUNCIL WILL CONSIDER THE ABOVE INFORMATION AT A REGULAR  
COUNCIL MEETING HELD THE THIRD WEDNESDAY OF EACH MONTH.