



OUTDOOR FARMERS MARKET
TEMPORARY USE/STRUCTURE PERMIT APPLICATION
 Community Development Department
 100 N. Appleton St. PH: 920-832-6468
 Appleton, WI 54911 FAX: 920-832-5994

Stamp date received

TYPE OF TEMPORARY STRUCTURES USED WITHIN FARMERS MARKET AREA

Tents or Canopies: Y N If yes, number of tents/canopies _____ Sizes _____

Other Temporary Structures: Folding Tables Trailers Booths/Stand Market Umbrellas

Outdoor Farmers Market Area: _____ square feet

OPERATION DETAILS (NOT TO EXCEED 120 TOTAL DAYS PER CALENDAR YEAR)

Dates Requested From _____ to _____ Will you serve food? Y N

Total Days _____ Hours of Operation _____ am/pm to _____ am/pm

Electrical hookups? Y N If yes, describe _____

PROPERTY OWNER	APPLICANT (owner's agent)
Name	Name
Mailing Address	Mailing Address
Phone	Phone
E-mail	E-mail

PROPERTY INFORMATION

Property Tax # (31-0-0000-00) _____

Site Address/Location _____

Legal Description of Land (may be attached as separate sheet) _____

Current Uses	Current Zoning
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Date _____ Owner/Agent Signature (Agents must provide written proof of authorization) _____

OFFICE USE ONLY		
PERMIT # _____	Application Complete _____	Date Submitted _____
<input type="checkbox"/> Approved <input type="checkbox"/> Approved with conditions <input type="checkbox"/> Denied Community Development _____		
Comments/Conditions: _____		
Initial Location Fee: \$150.00		
Renewal Fee Same Location: \$75.00	Acct #PWZNIG	Receipt # _____ Date Paid _____

Outdoor Farmers Market Temporary Use/Structure Permit Application Submittal Requirements

An Outdoor Farmers Market, Temporary Use/Structure Permit Application IS REQUIRED for an Outdoor Farmers Market. *Outdoor Farmers Market* means a temporary use that is conducted outside of an enclosed permanent building or structure on a lot by two (2) or more temporary merchants who are displaying and selling either products of the farm or garden or any combination of products of the farm and garden and commercially processed foods, household products, crafts and handmade items.

Farmers Markets conducted inside a building, conducted within the public right-of-way (public street), conducted on City owned property or permitted by a Special Event Permit issued by the City. **An Outdoor Farmers Market, Temporary Use/Structure Permit Application IS NOT REQUIRED.**

**** Prior to submitting your application, please contact the Community Development Department at 920-832-6466 for questions, requirements, eligibility, etc. The complete rules and regulations for all temporary uses/structures can be found in Chapter 23, Zoning Ordinance Section 23-54, which may be accessed through the City of Appleton's website at <https://www.appleton.org/government/municipal-code>.**

- Completed and signed Temporary Use/Structure Permit Application
- A scaled site plan drawing, identifying the following:
 - ✓ Property lines and dimensions
 - ✓ Location of all existing structures/buildings
 - ✓ Location of on-street/off-street parking spaces
 - ✓ Location of off-street parking drive aisles
 - ✓ Location of parking lot landscaping areas
 - ✓ Location of driveways
 - ✓ Location, size and setback dimensions to property lines of the proposed temporary use
 - ✓ Location, size and setback dimensions to property lines of the proposed temporary structures (tents/canopies, trailers, portable storage units)
- Check made payable to the City of Appleton for the Temporary Use/Structure Permit Application fee
- Owner's Letter of Authorization or owner's signature on the application authorizing the proposed temporary use and/or structure

(SAMPLE) AGENT AUTHORIZATION LETTER

DATE: _____

TO: City of Appleton
Community Development Department
100 N. Appleton Street, Appleton, WI 54911

RE: _____
Project name

The undersigned, _____, is the owner of property known as _____.
(Property Owner name) (Address, tax key number)

The undersigned authorizes _____ to sign and file an application on behalf of _____.
(Agent name) (Property Owner name)

to _____. _____ also authorizes _____ to execute any and all
(Describe Project) (Property Owner name) (Agent name)

other documentation and/or applications required by the City.

Executed as of the day and year first above set forth.

Signature of property owner

OFFICE USE ONLY

Administrative Reviews

Recommendations: A = Approved

CA = Conditionally Approved

D = Denied

A CA D Office of the City Clerk by: _____ Date: ____/____/____

Comments/Reason for denial: _____

A CA D Fire Department by: _____ Date: ____/____/____

Comments/Reason for denial: _____

A CA D Health Department by: _____ Date: ____/____/____

Comments/Reason for denial: _____

A CA D Police Department by: _____ Date: ____/____/____

Comments/Reason for denial: _____

A CA D Engineering Division by: _____ Date: ____/____/____

Comments/Reason for denial: _____

A CA D Inspections Division by: _____ Date: ____/____/____

Comments/Reason for denial: _____

A CA D Comm. Development by: _____ Date: ____/____/____

Comments/Reason for denial: _____
