



# CITY OF MOUNTAIN IRON

"TACONITE CAPITAL OF THE WORLD"  
PHONE: 218-748-7570 • FAX: 218-748-7573 • www.mtniron.com  
8586 ENTERPRISE DRIVE SOUTH • MOUNTAIN IRON, MN • 55768-8260

## PERMIT OR LICENSE THAT IS BEING APPLIED FOR:

(Check all applicable.)

<input type="checkbox"/>	BUILDING PERMIT	<input type="checkbox"/>	VENDOR PERMIT
<input type="checkbox"/>	LIQUOR LICENSE	<input type="checkbox"/>	CIGARETTE LICENSE
<input checked="" type="checkbox"/>	SPECIAL EVENTS PERMIT		
<input type="checkbox"/>	OTHER (CONDITIONAL USE OR VARIANCE PERMIT)		

APPLICANT NAME: \_\_\_\_\_

NAME OF OWNER OF PROPERTY: \_\_\_\_\_  
(if different than applicant)

ADDRESS OF PROPERTY: \_\_\_\_\_  
\_\_\_\_\_

PARCEL CODE NUMBER: 175- \_\_\_\_\_ - \_\_\_\_\_

## PLEASE ANSWER THE FOLLOWING QUESTIONS.

	YES	NO
Is the property listed above connected to the municipal sewer system?		
Is there a basement on the property listed above?		
Does the property listed above have an operating sump pump?		
If so, where does the sump pump discharge?		

THE APPLICANT HEREBY CERTIFIES THAT TO THE BEST OF THEIR KNOWLEDGE, THE ABOVE INFORMATION IS CORRECT. THE APPLICANT ALSO CERTIFIES THAT THERE ARE NO DELINQUENT PROPERTY TAXES, SPECIAL ASSESSMENTS, PENALTIES, INTEREST OR MUNICIPAL UTILITY FEES DUE WITH RESPECT TO THE PARCEL OF REAL PROPERTY TO WHICH THIS APPLICATION RELATES.

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Owner's Signature (If different than Applicant)

\_\_\_\_\_  
Today's Date



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## SPECIAL EVENTS PERMIT REQUIREMENTS

TYPE OF EVENT: \_\_\_\_\_

NAME OF PERSON/BUSINESS: \_\_\_\_\_

NAME OF PERSON RESPONSIBLE FOR EVENT: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

LOCATION OF EVENT: \_\_\_\_\_

DATE & TIME OF EVENT: \_\_\_\_\_

IS SANITATION FACILITIES AND POTABLE WATER AVAILABLE?: \_\_\_\_\_

IS SECURITY/CROWD MANAGEMENT PROVIDED FOR? : \_\_\_\_\_

WHAT TYPE OF PARKING AND/OR TRAFFIC ISSUES ARE PRESENT?: \_\_\_\_\_

WILL EMERGENCY & MEDICAL SERVICES BE NEEDED?: \_\_\_\_\_

WILL FIRE/SAFETY SERVICES BE NEEDED?: \_\_\_\_\_

INSURANCE AFFIDAVIT: \_\_\_\_\_

PROVISIONS FOR CLEAN-UP OF PREMISES & SURROUNDING AREA/TRASH  
DISPOSAL: \_\_\_\_\_

ARE TEMPORARY CONSTRUCTION BARRICADES/FENCING NEEDED?: \_\_\_\_\_

PROVISIONS FOR REMOVAL OF ADVERTISING/PROMOTIONAL MATERIALS: \_\_\_\_\_

WILL THERE BE ALCOHOL CONSUMPTION?: \_\_\_\_\_

IF SO, INSURANCE AFFIDAVIT: \_\_\_\_\_

FEE PAID PER CITY ORDINANCE : \_\_\_\_\_

DATE(S) PERMIT IS ACTIVE FOR: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_

City Administrator

DATE APPROVED: \_\_\_\_\_