



# 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 checked="" type="checkbox"/>	VENDOR PERMIT
<input type="checkbox"/>	LIQUOR LICENSE	<input type="checkbox"/>	CIGARETTE LICENSE
<input 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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## VENDOR PERMIT

TO SELL WITHIN THE CITY OF MOUNTAIN IRON

Applicant Name: \_\_\_\_\_

Name of Business/Organization: \_\_\_\_\_

Type of Business: \_\_\_\_\_

For Profit: \_\_\_\_\_ Non Profit: \_\_\_\_\_ Other: \_\_\_\_\_

Full Business Address: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

Location/Area Where Selling: \_\_\_\_\_

Dates/Times of Selling: \_\_\_\_\_

Sales Tax Number: \_\_\_\_\_

Health Department Number: \_\_\_\_\_

Liability Insurance Company: \_\_\_\_\_  
(Need copy of proof of insurance)

Fee for Selling: \_\_\_\_\_ (per City Ordinance).

Date(s) that Permit is Active : \_\_\_\_\_

THIS APPLICANT HEREBY CERTIFIES UNDER OATH THAT THIS INFORMATION IS CORRECT AS STATED.

\_\_\_\_\_  
Applicant Signature Date

\_\_\_\_\_  
Owner Signature (If applicable) Date

.....  
Approved by City Administrator: \_\_\_\_\_ Date: \_\_\_\_\_