

**City of Cassville
300 Main Street
Cassville, Missouri 65625
(417) 847-4441**

Application for Conditional Use Permit – Open-Air or Farmers Market

Market Manager Name: _____

Market Manager Address: _____

Market Manager Phone (where you can be reached during market hours) _____

Email Address: _____

Missouri Retail Sales Tax License Number: _____

- **A copy of the License must be provided with the application for Conditional Use Permit**
- **A legible copy of a valid driver's license, military id, passport or other identification card with photo must be provided with application**
- **Written permission from property owner to have market on property.**
- **A drawn plan depicting the layout of the site, including dimension of the sales area, access ways, and parking areas**

Market Name: _____

Market Site Location: _____
(specific address)

Specific days / hours of operation: _____

Means by which merchandise will be displayed: _____
(Stalls, tables, or other structures)

Incomplete applications will not be accepted.

The information provided on this application is true and complete, to the best of my knowledge. I have read and understand that the provisions of Ordinance 1707 in the City Code of Cassville, Missouri which was provided with the application. If granted a conditional use permit, I hereby agree that I will observe those restrictions as specifically outlined in the Ordinance.

The Market Manager further agrees to verify that all vendors have necessary sales tax licenses to insure the collection of sales tax for the state, county and city.

Signature

Date of Application

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Property Owner / Manager:

Property Owner has granted permission for the use of property shown on page one of this application, as per described use.

PLEASE PRINT

Owner/Manager Name: _____

Owner/Manager Contact Phone: _____

Owner/Manager Signature: _____

Date Signed: _____

City Use Only:

\$20.00 / \$50.00 application fee _____

Application approved by Council on _____