



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: _____