

**Temporary Merchant License Application
2015 Brookings Summer Arts Festival**

City Clerk's Office
520 3rd St., Suite 230 / PO Box 270
Brookings, SD 57006
(605) 692-6281 phone; (605) 692-6907 fax
sthornes@cityofbrookings.org



Applicant Information

APPLICATION DEADLINE: JUNE 12, 2015

1. **APPLICANT/PROPERTY OWNER:** _____
 Mailing address: _____
 Phone (home) _____ Phone (business) _____
 Phone (cell) _____ Pager Number _____
Email: _____

 On-site Agent that will be present during event (if other than applicant):
 Name: _____
 Phone (home) _____ Phone (business) _____
 Phone (cell) _____ Pager Number _____
2. **LOCATION** of temporary merchant booths: _____

3. **DATES** of which above location(s) will be leased:
 _____ to _____
 (Not to exceed 14 days or fraction thereof.)
4. **NUMBER OF BOOTHS** or sites: _____
 (Fee is \$100.00 for the first three sites, and \$10.00 for each additional site.)
5. **LIST OF VENDORS:** Please use attached form to list person(s) you are leasing to. Number the vendors with corresponding booths on your site plan. **List must be complete and in format provided.**
6. **SITE PLAN:** A site plan drawn to scale showing the location and size of all leased sites, restroom facilities, walkways and emergency access upon the lot must be attached to this application.
7. **PAYMENT:** A check in the amount of \$_____ is attached to this application (do not remit cash). Make checks payable to the City of Brookings. (The license fee is \$100.00 for the first three sites, and \$10.00 for each additional site.)
8. Please be advised temporary structures must be dismantled upon the expiration of the license and must be removed from the premises within 3 days of expiration of the license.
9. Applicant must read the attached REVISED City of Brookings Ordinance No. 23-02 outlining temporary merchant requirements.

I have read and fully understand the rules and requirement applying to the approval of this license.

Signature

Date



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APPLICATION HAS BEEN REVIEWED BY:

Community Development
• Site Plan
• Zoning
• Setbacks
• Restroom Facilities

Date

Fire Chief

Date

Police Chief

Date

City Clerk

Date

COMPLETED BY CITY CLERK'S OFFICE:

\$ _____ FEE COLLECTED

LICENSE NO. _____

(Original to be filed in City Clerk's Office.)

VENDOR LIST: PERSONS TO WHOM MERCHANT LEASING SPACE:

BOOTH NUMBER: _____
BUSINESS NAME: _____
OWNER'S NAME: _____
TYPE OF BUSINESS: _____
ADDRESS: _____
CITY / STATE / ZIP: _____
PHONE NUMBER: _____
EMAIL: _____

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PHONE NUMBER: _____
EMAIL: _____

**A SITE PLAN / LAYOUT OF THE
BOOTHS LOCATED ON YOUR
PROPERTY / IN THE PARK
MUST BE ATTACHED
TO THIS APPLICATION.**

The site plan / layout must be drawn to scale showing the location and size of all leased sites, restroom facilities, walkways, and emergency access upon the lot.