TOWN OF TRENTON
ROADSIDE STAND OPERATING PERMIT

Applicant Name_____ Date_____

Mailing Address_____

_____

Phone #_____

Location of Roadside Stand_____

_____

Property Owner's Name and Address_____

_____

_____

Date ZBA approved conditional use permit_____

Dates of operation: From_____ To_____

Hours of operation: From_____ To_____

Days of operation: M T W Th F S S

I agree to abide by the conditions imposed by the Town Zoning Board of Appeals when my conditional use permit was approved. I further understand that a roadside stand is defined as "a permanent structure, stand or location for the sale of primarily local farm produce." I understand that a violation of any of the conditions and/or regulations can be cause for denial of future annual operating permits.

_____ _____

Signature Date

Town Use Only

Application is: Approved_____ Denied_____

Town Board Meeting Date_____

_____

Town Supervisor

Application No. _____

Parcel I.D. No. _____

Date Filed _____

Received by_____

(Rev. 5/30/15)