



311 N. 15th Street, McAllen, TX 78501
Phone: 956-681-1900
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Temporary Sales of “Agriculture Products” Application

LOCATION OF SALES

Street Address: _____
Subdivision Name: _____
Legal Description: _____
Existing Zoning: _____
Existing Land Use: _____

A SEPARATE APPLICATION IS REQUIRED IF A TENT IS PROPOSED AT THIS SALE LOCATION

Items submitted to Health & Code Enforcement:

CHECKLIST

See City of McAllen Code of Ordinances Chapter 78, Article I., Section 78-2 & Section 78-3.

- \$100.00 non-refundable filing fee (Fall Pumpkins)
-Limited to Six Weeks
- \$100.00 non-refundable filing fee (Christmas Trees)
-Limited to Six Weeks
- \$100.00 non-refundable filing fee (Easter Confetti Eggs/Cascarones)
-Limited to Six Weeks
- \$100.00 non-refundable filing fee (Flowers/Floral Bouquets)
-Limited to fourteen days before:
Mother's Day
Father's Day
Valentine's Day
- Property must be zoned A-O or C-3.
- Legal description and Site Plan of operating location: showing street names, location of tent if applicable, curbs cuts, dimensions, and North arrow.
- Aerial screenshot of location where conducting sales.
- Owner Authorization Letter for Site Use by Vendor.
- Restroom Facilities Authorization Letter from Owner of Site or Adjacent Site.
- Time period of sales must be stated (six-Weeks Limit): _____

Items submitted to Building Permits & Inspections:

- Temporary Pole, Electrical Permit Required (if applicable).
- \$26.00 Electrical Permit Fee plus \$2.00 for each unit.

APPLICANT

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____

OWNER OF PROPERTY BEING USED

Location: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____

OWNER'S SIGNATURE

I Certify that I am the actual owner of the property described above and this application is being submitted with my consent (include corporate name if applicable). I understand and intend to comply with all of the requirements as indicated on this application.

Signature: _____

Date: _____

MINIMUM REQUIREMENTS FOR TEMPORARY SALES OF AGRICULTURAL PRODUCTS

Additional information may be required during the review to properly complete the permit process. This application pertains to temporary sales of Agricultural Products Only. These guidelines are issued so property owners as well as vendors are given permission to locate on a temporary basis, provide a measure of safety to patrons as well as to persons using public roads.

Building Permit & Inspections Department:

- ❖ If electrical service is needed, a Master Electrician must obtain an electrical permit.

Planning Department:

- All subdivision, zoning, and setback requirements must be met.
- The length of the sale must be stated in the application.
- Off-street parking must be provided. If parking is on adjacent property, a parking agreement must be provided. The location shall have sufficient paved parking for the purposes of the activity on the premises.

Planning Department Authorization (Print Name/Signature)

Date (mm/dd/year)

Comments and/or Restrictions:

Health & Code Enforcement:

- A container capable of holding all the trash generated must be provided onsite. The premises shall have access to on-site garbage and trash dumpster provided by the city or other licensed garbage and trash collection entity under the city regulations.
- The owner/vendor will be responsible for clean-up and disposal of all debris/trash accumulated during the sales period.
- Any tent installed on the site requires a separate permit.
- The premises shall have access to permanent restroom facilities on-site.
- Recreational vehicles for security purposes must properly dispose of waste and sewage.

Approved: _____ **Denied:** _____

Inspector's Signature: _____ **Inspection Date:** _____

Comments and/or Restrictions:

Accepted by: _____ Payment Received by: _____ Date Paid: _____

Comments: _____

SALES SCHEDULE

Note: Applicant applying for permit must provide a schedule of sales times to determine eligibility for permit issuance. We must receive a detailed summary of working hours, and permission of restroom facilities usage for applicant and customers during operating hours. Please complete the following information:

TO BE COMPLETED BY APPLICANT: **(PLEASE PRINT)**

Applicant Name: _____

Sales Address: _____

Phone: _____ Alternate: _____

Please indicate hours of operation for each day listed (**ex: Monday 9am – 5pm**)

Monday: _____ Friday: _____

Tuesday: _____ Saturday: _____

Wednesday: _____ Sunday: _____

Thursday: _____

TO BE COMPLETED BY OWNER OR MANGER OF PROPERTY BEING USED: **(PLEASE PRINT)**

Name of Business: _____

Owner/Manager Name: _____

Business Address: _____

Phone: _____ Alternate: _____

Please indicate hours of operation for each day listed (**ex: Monday 9am – 5pm**)

Monday: _____ Friday: _____

Tuesday: _____ Saturday: _____

Wednesday: _____ Sunday: _____

Thursday: _____

APPLICANT'S SIGNATURE

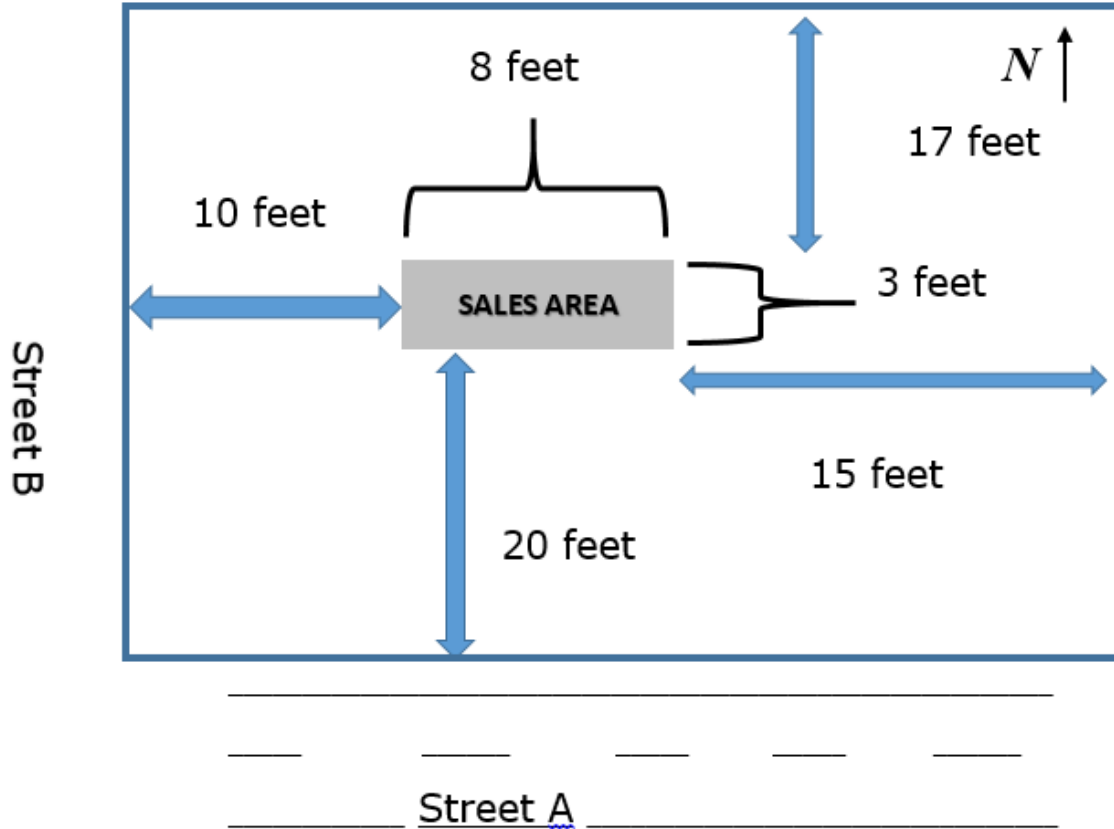
I Certify that I am the actual owner of the property described above and this application is being submitted with my consent (include corporate name if applicable). I understand and intend to comply with all of the requirements as indicated on this application.

Signature: _____ Date: _____

SITE PLAN:

Note: Please include distance measurements on site plan from sales location to property line. Also include measurement dimensions of Tent and or sales table area.

Example:



NORTH

WEST

EAST

SOUTH