



DATE: _____
FEE PAID: _____
Fee: \$400 1st sale per year
\$300 2nd sale per year

CITY OF EDINA * 4801 WEST 50TH STREET * EDINA, MN 55424 * 952-826-0369

WAREHOUSE SALE PERMIT APPLICATION

Name of Company: _____

Person to Contact: _____

Address: _____ Zip: _____

Proposed Sale Dates:

1. _____
2. _____
3. _____

Proposed Sale Hours:

1. _____
2. _____
3. _____

Floor area open to public*: _____ square feet. Value of goods offered for sale: _____

Number of Employees on duty: _____ Number of Customers anticipated: _____

Description of goods offered: _____

Anticipated Advertising (media, size, frequency, etc.): _____

Description of outdoor signage and display: _____

I UNDERSTAND that the Edina Zoning Ordinances prohibit the sale of merchandise that is shipped to a particular site specifically for warehouse sales. I also understand that a maximum of two warehouse sales per calendar year, each with a maximum duration of three days, is permitted for a particular site. I acknowledge that I must submit an application a minimum of 30 days in advance of the proposed sale. I agree to comply with Edina ordinances and administrative rules in the conduct of the proposed warehouse sale.

Applicant's Signature

Title

Date

Building Owner's Authorization

Owner's Signature

Address/Phone

*I have included a floor plan illustrating display areas, aisles and exit locations.

FLOOR PLAN