



CITY OF TWIN OAKS

1393 Big Bend Road, Suite F • Twin Oaks, MO 63021
(636) 225-7873 • fax (636) 225-6547 • www.villageoftwinoaks.org

APPLICATION FOR SALE OF HOME GROWN PRODUCE PERMIT

DATE OF APPLICATION: _____

PROPERTY OWNER (APPLICANT) NAME: _____

PROPERTY OWNER'S ADDRESS: _____

PROPERTY OWNER'S PHONE: _____

LENGTH OF TIME PERMIT REQUESTED: _____
(Only available April 1 to October 31)

By signing below, applicant has read and agrees to Section 400.180; Use Regulations of the Municipal Code City of Twin Oaks.

Signature of Applicant

Date

******* FOR OFFICE USE ONLY *******

Date Received: _____

Date of Approval: _____

Village Signature: _____