

**Community Development Department**

Red Lodge MT, 59068  
Telephone: (406) 446-1606 Ext. 118

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TEMPORARY USE REVIEW PERMIT APPLICATION  
RLZR Section 4.4.22-G

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**Fee Attached:**

\_\_\_ Class 1 (1-7 days)- No fee  
\_\_\_ Class 2 (8-60 days)- \$150  
\_\_\_ Class 3 (61 days to 6 months)- \$400

**Owner(s) of Record:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Authorized Representative. Correspondence sent to Agent (with copy to owner):**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Legal Description of Property (use Montana Cadastral):**

Street Address: \_\_\_\_\_ . Sec. \_\_\_\_\_ . T. \_\_\_\_\_ . R. \_\_\_\_\_

Subdivision Name: \_\_\_\_\_ . Tract/Lot No. \_\_\_\_\_ . Block No. \_\_\_\_\_

Zoning Classification: \_\_\_\_\_

(Include Overlay and Planned Unit Development Designations.)



**Date of Permit Request:** \_\_\_\_\_ to \_\_\_\_\_

**Total Number of Days:** \_\_\_\_\_

**Renewal:** Temporary Use permits may be renewed one (1) time only; and only for the same length of time as the original permit. An application shall be submitted to the Community Development Department at least fourteen (14) business days prior to the permit expiration for Class 2 and Class 3 permits and at least two (2) days prior for Class 1 permits.

**THE FOLLOWING INFORMATION SHALL BE PROVIDED WITH THE TEMPORARY USE PERMIT APPLICATION:**

1. **Permit Fees are \$0 for 1-7 days (Class 1), \$150 for 8-60 days (Class 2), \$400 for 61 days to 6 months (Class 3).**
2. Letter from property owner(s) giving permission to use the property for the length of time indicated.
3. Vendor shall provide a copy of their City business license application.
4. Type of Use:

Nursery/Produce Stand

Government Use

Food Vendor

Christmas Tree Sales

Other: \_\_\_\_\_

Brief Description:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Class 1 Permits are Exempt from Providing the Following Information**

5. Proof that nearby restroom facilities can be provided to employees.
6. A Site Plan with the following information:



- boundary setbacks (minimum setback of five (5) feet, but may be waived in the Central Business District)
- Parking locations, layout and traffic circulation
  - Customer queuing location(s)
  - Location and type of lighting, if any
  - Evidence that no portion of the structure blocks the clear vision areas for driving isles or drive approaches (*RLZR 4.5.50*)
  - Any proposed signage shall obtain a Sign Permit prior to Temporary Use Permit Issuance.
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- Proof of an insurance policy, issued by an insurance company licensed to do business in the State of Montana for:
    - a. Public liability insurance in an amount of not less than \$500,000 for injuries, including those resulting in death, resulting from any one occurrence, and on any account of any one accident; and
    - b. Property damage insurance in an amount of not less than \$25,000 for damages on account of any one accident or occurrence

**ADDITIONAL REQUIREMENTS FOR FOOD VENDORS:**

**A. Drive-Thru facilities are not permitted.**

**B.** A written description of how trash and bear safety will be managed shall be included.

**C.** A description of the method to provide electricity (if electrical service is proposed). An electrical permit may be required via the State of Montana (phone number 406-202-4342).

**D.** A description of the method to provide wastewater disposal.

**E.** Vendor shall provide a copy of their State issued “Mobile Retail Food License” or County issued “Temporary Food Service Permit”, as applicable.



**For City Staff Use Only**

Permit valid from \_\_\_\_\_ to \_\_\_\_\_

**Conditions of Approval:**

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Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
Zoning Administrator

**OWNER APPROVAL:** As the Owner/Applicant of \_\_\_\_\_, I,

\_\_\_\_\_ hereby agree to all the terms and conditions set forth above.

**Date:** \_\_\_\_\_



