

**CITY OF AFTON  
ADMINISTRATIVE PERMIT APPLICATION  
For Cottage Food Sales**

Owner	Address	City	State	Zip	Phone
Cottage Food Address _____					
		AFTON	MN	55001	
Zoning Classification	Existing Use of Property	PID# or Legal Description			
Description of Request _____					
_____					
_____					
<b><u>*Sales must be under the Tier 1 Sales Cap in the Cottage Food Law</u></b>					
<b><u>*Documentation of Cottage Food Registration Must be Provided</u></b>					
_____					
Signature of Owner/Applicant					Date
Email Address _____					
Make checks payable to <b>City of Afton:</b>					
<b><u>FEE:</u></b>					
\$20.00			TOTAL:	_____	
			DATE PAID:	_____	
			CHECK #:	_____	
			RECV'D BY:	_____	
<b>ATTACH COPY OF DEED OR PROOF OF OWNERSHIP TO APPLICATION</b>					