

**City of NEWPORT**

**REQUEST FOR CERTIFICATE OF COMPLIANCE**

Newport City Hall ♦ 2060 1<sup>st</sup> Avenue ♦ Newport ♦ Minnesota ♦ 55055 ♦ Phone 651-459-5677 ♦ Fax 651-459-9883

Application Date: \_\_\_\_\_

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

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

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

Explanation for Request (Include information such as type of business proposed, hours of operation, impact on traffic in residential area, etc. If additional space is necessary, please use a separate sheet of paper.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list three references, other than relatives, whom we may contact:

| Name     | Address | Phone # |
|----------|---------|---------|
| 1. _____ | _____   | _____   |
| 2. _____ | _____   | _____   |
| 3. _____ | _____   | _____   |

Your request will be published in the local newspaper and residents within 350 feet of the stated property will be notified of your request. Within 90 days, the City Administrator will either grant or deny your request based on response from residents who were notified.

For Office Use

License Fee \$150    Receipt #: \_\_\_\_\_    Date Paid: \_\_\_\_\_  
Received by: \_\_\_\_\_  
Granted: \_\_\_\_\_    Denied: \_\_\_\_\_

\_\_\_\_\_  
City Administrator

\_\_\_\_\_  
Date