



ITINERANT MERCHANT APPLICATION

FEE: \$300.00 ANNUALLY (STATIONARY VENDOR)
\$150.00 MOBILE VENDOR
\$ 75.00 CHRISTMAS TREE SALE LOTS

PLEASE PRINT

APPLICANT(S) NAME _____
FIRST MIDDLE LAST

DATE OF BIRTH ____ - ____ - ____ DRIVER'S LIC. # _____

APPLICANT(S) NAME _____
FIRST MIDDLE LAST

DATE OF BIRTH ____ - ____ - ____ DRIVER'S LIC. # _____

ADDRESS _____ TELEPHONE # _____

NAME OF BUSINESS _____

BUSINESS LOCATION ADDRESS _____

BUSINESS MAILING ADDRESS _____

BUSINESS TELEPHONE NUMBER _____

WASHINGTON STATE DEPT. OF REVENUE TAX I.D. NO. _____ - _____ - _____

DESCRIPTION OF BUSINESS _____

NO. OF EMPLOYEES ____ OTHER LICENSES/PERMITS REQUIRED (HEALTH ETC...) _____

The applicant(s) hereby certify, under penalty of perjury by the laws of the State of Washington, that all of the above statements herewith are true and that to the best of the applicants knowledge the premises and building(s) where the business is to be conducted are in substantial compliance with the requirements of the city ordinances, including but not limited to the zoning ordinance, fire code, building code, plumbing code, electrical code, and any other applicable ordinances or regulations. The applicant(s) acknowledge that any business license granted based on this application may be revoked if any such statement is false or if the building or business is no longer in compliance with required ordinances, codes, rules or regulations.

Signature of Applicant(s) DATE

Signature of Applicant(s) DATE

CHECKLIST FOR ITINERANT MERCHANT LICENSE

THE FOLLOWING MUST BE COMPLIED WITH AND SIGNED OFF BY THE APPROVING OFFICIAL PRIOR TO OPERATION BY APPLICANT:

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SITE PLAN SHOWING INGRESS AND EGRESS AND LOCATION IN RELATION TO OTHER BUILDINGS, STRUCTURES, STREETS, AND PRIVATE DRIVEWAYS.

FIRE CHIEF

APPROVED:_____ DENIED:_____ BY:_____ DATE:_____

COMMENTS:_____

POLICE CHIEF

APPROVED:_____ DENIED:_____ BY:_____ DATE:_____

COMMENTS:_____

PUBLIC WORKS DIRECTOR

APPROVED:_____ DENIED:_____ BY:_____ DATE:_____

COMMENTS:_____

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FIRE/CODE ENFORCEMENT DEPARTMENT

- _____ SIGN PERMIT AS SHOWN ON THE SITE PLAN
- _____ ELECTRIC CORD COMPLIANCE
- _____ GARBAGE CAN COMPLIANCE
- _____ FIRE EXTINGUISHER RATED 2A-40BC OR BETTER

APPROVED:_____ DENIED:_____ BY:_____ DATE:_____

COMMENTS:_____

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CITY CLERK

- _____ ZONING (NOT ALLOWED IN RESIDENTIAL OR COMMERCIAL OFFICE DISTRICT ZONES)
- _____ PERMISSION TO LOCATE BUSINESS (LETTER FROM PROPERTY OWNER)
- _____ RESTROOM FACILITIES AVAILABLE (LETTER FROM PROPERTY OWNER PROVIDING ACCESS TO RESTROOM FACILITIES)
- _____ YAKIMA HEALTH DISTRICT FOOD SERVICE LICENSE
- _____ APPLICATION COMPLETE AND FEE PAID - RECEIPT NO. _____

APPROVED:_____ DENIED:_____ BY:_____ DATE:_____

COMMENTS:_____