ITINERANT VENDOR APPLICATION



Taxes & Licenses 808 W Spokane Falls Blvd Spokane WA 99201-3336 (509) 625-6070

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OFFICE USE ONLY - DO NOT WRITE IN THIS SPACE			
DATE LIC #	EXPIRES		CLERK'S INIT
NAME OF VENDOR			
MAILING ADDRESS	_ CITY	STATE	ZIP
PHYSICAL ADDRESS	_ CITY	STATE	ZIP
PERMANENT ADDRESS (IF DIFFERENT)			
BUSINESS PHONE	HOME PHONE		
EMAIL ADDRESS	DATE OF BIRTH		
UBI OR WA STATE SALES TAX #		(WHERE SAL	ES TAX WILL BE PAID)
SUPPLIER'S NAME (SMC 10.40.030)			
SUPPLIER'S ADDRESS (SMC 10.40.030)			
TYPE OF GOODS TO BE SOLD			
APPLICANT HAS ALL NECESSARY LICENSES, REGISTRATIONS OR PERMITS FROM OWNERS OF COPYRIGHT, TRADEMARK OR OTHER SUCH LAWFUL INTEREST IN THE GOODS OR MATERIALS TO BE SOLD YES NO			
EVENT OR PERIOD THAT GOODS WILL BE SOLD			
I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION ABOVE IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.			
SIGNATURE		DATE	

THE APPLICANT UNDERSTANDS THAT THE GRANTING OF THE LICENSE APPLIED FOR HEREON DOES NOT CONSTITUTE AN AUTHORIZATION TO CONDUCT A BUSINESS AT ANY LOCATION OR IN ANY MANNER WHICH IS IN VIOLATION OF ANY CITY ORDINANCE; LICENSEE AGREES TO COMPLY WITH ALL CITY ORDINANCES (E.G. BUILDING CODES, ZONING CODES, LIMITATIONS ON LOCATIONS [NEED PRIOR PERMISSION OF PARK BOARD TO LOCATE IN CITY PARKS], ETC.)