OFFICE USE ONLY
License #:
Date Received

SPO	KAN.
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CITY OF

## **CITY of SPOKANE Taxes & Licenses** 808 W Spokane Falls Blvd Spokane WA 99201-3336 (509) 625-6070

taxesandlicenses@spokanecity.org

## Expiration Date\_

NAICS/SIC:

Entered by \_

## **ITINERANT VENDOR APPLICATION**

## **Registration Required**

Where the person is engaged in the business of selling or delivering goods or services with the City from a fixed or temporary location as an itinerant vendor.

Itinerant Vendor Application - No Fee with Proof of Business Registration

Business name or dba (doi	ing business as):				
Mail Attention To:					
Mailing Address		City	State	Zip	
Physical Address		City	State	Zip	
Business Phone		Cell phone			
Email Address		UBI number			
Indicate type of ownership:					
Start Date:					
Describe what you sell and/or services provided:					
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?					
Circle: YES N	10				
I certify or declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. All information given is subject to verification with the State of Washington Department of Revenue. I agree to report any changes in information to the City of Spokane Treasurer's office within a timely manner.					
Signature		Date			
Printed Name		Title			

Rev. 9.17.21