

**ITINERANT VENDOR
APPLICATION**



Taxes & Licenses
808 W Spokane Falls Blvd
Spokane WA 99201-3336
(509) 625-6070
FAX (509) 625-6990

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 SALES 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.)*