

Mobile Food Vendor Complete regulations located in Spokane Municipal Code 10.51. Guidesheet

### **Application Process –**

Applicants are required to submit the following documents to the City of Spokane Taxes & Licenses Department at time of application.

All applicants regardless of proposed location(s) must submit the following:

- **a.** A fully completed and signed application
- **b.** Proof of liability insurance stating The City of Spokane as additionally insured. The liability limits must not be less than \$100,000 for any one personal injury, \$300,000 for all personal injury claims in any one accident and \$25,000 for property damage
- c. Proof of business registration
- **d.** A valid mobile unit food unit food permit issued by the Spokane Regional Health District.
- e. Maps of private property vending locations
- **f.** \$60 Application Fee. Cash, check, credit and debit cards are accepted. Make check payable to The City of Spokane
- g. Statement of the nature and type of goods or services to be sold

For those operating on privately owned property the following must also be included at time of application:

- **h.** Written consent from the property owner(s) for location(s)
- i. Maps of private property vending locations

For those operating On or Into the Public Right of Way the following must also be included at time of application:

**j.** Written consent from the property owner(s) for location(s)

For those vending on or adjoining a Park the following must also be included at time of application:

**k.** Written consent of the City of Spokane Parks Department or their designee

### Standards and Operating Conditions -

Definitions

- <u>Adjoining Private Property Owner</u> means the owner of property, as reflected in the records of the Spokane County assessor, contiguous and immediately adjacent to the right of way as determined by extending the existing property lines to the centerline of the street as though such right of way were included in the property.
- <u>Mobile Food Vendor</u> means a person or persons owning, operating, or working in a mobile food vending unit and is the permit holder and person in charge of a mobile food vending unit under the provisions of the Washington state administrative code, WAC 246-215and the rules of Spokane regional health district. A mobile food vendor as defined herein is not an itinerant vendor for the purposes of chapter 10.40 SMC, Itinerant Vendors.
- <u>Mobile Food Vending Unit</u> means a readily movable food service establishment such as a push cart, van, trailer, or a temporary/movable structure approved for mobile food vending by Spokane regional health district. It provides space for limited storage, handling, and/or dispensing of foods. The entire operation must be contained within/on the mobile unit, except that expansion of the operation will be allowed in conjunction with an approved temporary event as allowed under the rules of the Spokane regional health district.

#### Vending Entirely on Private Property

- Mobile food vendor's permit must contain approval to vend at that particular location(s). The approval is subject to the following requirements:
- Location must be within a zone permitting mobile food vending.
- Mobile food vending unit will be subject to the same land use and development standards applicable to the property as if the unit were a permanent structure, except that a mobile food vendor shall not be required to make any additional site improvements when:
  - The mobile food unit will be located on an existing paved parking area that will continue to provide sufficient space for required off street parking and circulation for any other existing uses on the property;
  - The mobile food unit is a licensed, wheeled vehicle and the wheels will not be removed;
  - Any canopies, awnings or any other attachments are supported entirely by the mobile food unit and do not touch the ground;
  - The mobile food unit is self-contained, with no plumbing connections; and,
  - $\circ$   $\;$  The mobile food unit will not be used for "drive thru" vending.
  - Temporary seating, sandwich board signs, refuse collection containers and other temporary appurtenances may be allowed.
- The vendor shall submit a Property Owner Consent signed by the owner(s) of the private property or their designated property manager.

#### Vending On or Into the Public Right-of-Way

- Vending is limited to locations acceptable to the adjoining property owner or their designated agent
- Location must be within a zone that permits mobile food vending (see map SMC 17C.390)
- When vending is in the downtown Spokane Parking and Business Improvement Area (PBIA) the City of Spokane will require a signed Property Owner Consent from the adjoining property owner or their designated agent.
- All parking regulations apply to mobile food vending, except a vendor operating with a valid mobile food vendor permit at an approved location is exempt from the parking time limits and the

restriction of feeding a parking meter beyond the maximum parking time. Full Spokane Municipal Code language here:

- SMC Section 16A.61.5914 Feeding Meter Beyond Maximum Parking Time
- o SMC Section 16A.61.561 Parking Time Limited and Regulated
- Maintain a minimum five-foot clear pedestrian pathway, twenty feet in both directions from the food vending unit along the public sidewalk at all times;
- A valid mobile food vendor permit is not an exclusive right to any specific location, and all locations within the public right-of-way are based on a first come, first served basis.
- The Spokane Police Department, or any authorized representative thereof, may order the food vendor to leave a specific location when they have evidence of an imminent public safety hazard.
- A property owner may request any food vendor to move from a location adjacent to said property owner's property. The vendor must move the unit, at least fifty feet walking distance from that property, to another vending location.
- When vending within fifty feet walking distance of the front entrance of an existing restaurant located on the same block face, a Property Owner Consent, signed by the restaurant owner or authorized representative is required.

#### Exceptions to Operating Under Provisions of SMC 10.51

- The mobile food vending unit may not remain at the location for longer than the duration of the special event and while there must be located so as to avoid creating conflicts with pedestrian or motor vehicle traffic or creating other public safety problems.
- Mobile food vendors who operate in accordance with this exception do not require additional permits or approvals but must have and maintain all other licenses and approvals necessary to lawfully operate as a mobile food vendor within the City of Spokane.
- Mobile food vendors who operate for not more than fourteen days annually within the City of Spokane are exempt from the permitting requirements of this section but must otherwise comply with all other standards.
- Mobile caterers who are engaged in the business of transporting, in motor vehicles, food and beverages to residential, business and industrial establishments pursuant to prearranged schedules and dispensing from the vehicles the items to and for the convenience of the personnel or occupants of such establishments are exempt from these provisions.
- Mobile food vendors who vend from very small pushcarts (twenty cubic feet of cart or less) on the public sidewalk may choose to operate in accordance with the provisions of the itinerant vendor permit, SMC 10.40.010, and are thus exempt from the requirements of Chapter 10.51.

#### Liquor Use and Sale Prohibited

• Liquor may not be used or sold by any mobile food vendor.

#### Insurance Required

Prior to issuance of a mobile food vendor permit proposing to vend to or from any public property
including public streets, sidewalks, plazas or parks, the applicant shall provide liability insurance
coverage to cover potential claims which may arise from or be related to the use of the public
property for mobile food vending purposes, naming the City as an additional insured. The liability
limits must not be less than \$100,000 for any one personal injury, \$300,000 for all personal injury
claims in any one accident and \$25,000 for property damage.

#### Indemnity-Permit Revocation

• The applicant for a mobile food vendor permit shall deliver to the City, on a form supplied by the City, signed and acknowledge agreement by the applicant to defend, indemnify, and hold the City harmless from any and all claims, actions or damages or liabilities of every kind and description which may accrue to, or be suffered by, any persons by reason of or related to the operation of such mobile food vending unit. In addition, the agreement shall contain a provision that the permit is wholly of a temporary nature, that it vests no permanent right whatsoever, that it may be suspended or revoked pursuant to the procedures set forth in SMC 4.04.080.

#### Requirements Not Cumulative

• The requirements of SMC 17G.010.210, obstruction of streets, and obstruction of sidewalks, shall not apply to a mobile food vendors validly licensed under this chapter, except as herein provided.

#### Violation

- This chapter is subject to the administrative provisions of chapter 4.04 SMC. In the event of an appeal, the hearing officer shall be the City of Spokane hearing examiner.
- Mobile food vendors must comply with all state and local laws.
- A violation of this chapter is a class 1 civil infraction of \$536. Each day upon which a violation occurs or is permitted to continue constitutes a separate violation.



#### EXAMPLE OF PROOF OF INSURANCE

| 1        | CORD                                                                                                                                | ERTI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | FICATE OF LIAB                                                        |                                         |                            | CE                                                              | DATE    | JHAMPSHIR<br>(MNI00/YYYY)<br>(25/2019 |
|----------|-------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------|----------------------------|-----------------------------------------------------------------|---------|---------------------------------------|
| B        | HIS CERTIFICATE IS ISSUED AS A<br>ERTIFICATE DOES NOT AFFIRMATIN<br>ELOW. THIS CERTIFICATE OF INSI<br>EPRESENTATIVE OR PRODUCER, AN | VELY OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | R NEGATIVELY AMEND, EX<br>E DOES NOT CONSTITUTE                       | TEND OR AL                              | TER THE CO                 | OVERAGE AFFORDED                                                | TE HO   | LDER. THIS                            |
| If       | MPORTANT: If the certificate holder<br>SUBROGATION IS WAIVED, subject<br>his certificate does not confer rights to                  | t to the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | terms and conditions of the                                           | policy, certain                         | policies may               |                                                                 |         |                                       |
| _        | OUCER                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 22                                                                    | ACT Jody Ha                             | mpshire                    |                                                                 |         |                                       |
|          | kane Office<br>neWest Insurance, Inc.                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 245                                                                   | NIE<br>, No, Est):                      |                            | PAX<br>(A/C, Rid):                                              |         |                                       |
| 01       | N. Riverpoint Blvd., Ste 403<br>kane, WA 99202                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Ait                                                                   | Mess. jhampsh                           | ire@payne                  | west.com                                                        |         |                                       |
| poi      | name, the space                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       |                                         |                            | RDING COVERAGE                                                  |         | NAIC                                  |
|          | INED                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1000                                                                  |                                         | icinnati Ind               | emnity Company                                                  |         | 23280                                 |
| 100      |                                                                                                                                     | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                       | URER B :                                |                            |                                                                 | _       |                                       |
|          |                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       | URER D :                                |                            |                                                                 |         |                                       |
|          |                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       | URER E :                                |                            |                                                                 |         |                                       |
|          |                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | IND                                                                   | URER F:                                 |                            |                                                                 |         |                                       |
| _        | VERAGES CERT<br>HIS IS TO CERTIFY THAT THE POLICIES                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | E NUMBER:                                                             |                                         |                            | REVISION NUMBER:                                                |         |                                       |
| CE<br>EX | IDICATED. NOTWITHSTANDING ANY RE<br>ERTIFICATE MAY BE ISSUED OR MAY I<br>XCLUSIONS AND CONDITIONS OF SUCH P                         | PERTAIN OLICIES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | THE INSURANCE AFFORDED<br>LIMITS SHOWN MAY HAVE BEE                   | BY THE POLIC<br>N REDUCED BY            | IES DESCRIB<br>PAID CLAIMS | ED HEREIN IS SUBJECT 1                                          | TO ALL  | WHICH THIS<br>THE TERMS,              |
| SR III   |                                                                                                                                     | NSD WYD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | POLICY NUMBER                                                         | (MMDD/YYYY)                             | POLICY EXP                 | LINIT                                                           | 19      | 1,000,00                              |
| A        |                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       |                                         |                            | EACH OCCURRENCE                                                 |         | 500.00                                |
| 1        | CLAIMS-MADE X OCCUR                                                                                                                 | X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | EPP0384852                                                            | 5/1/2019                                | 5/1/2020                   | PREMISES (Ea ocumanos)                                          |         | 10.0                                  |
|          |                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       |                                         |                            | MED EXP (Any one person)<br>PERSONAL & ADV INJURY               |         | 1,000,00                              |
|          | GENL AGGREGATE LIMIT APPLIES PER                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       |                                         |                            | GENERAL AGGREGATE                                               |         | 2,000,0                               |
| ł        | POLICY X 2007 LOC                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       |                                         |                            | PRODUCTS - COMPKOP AGO                                          |         | 2,000,0                               |
|          | OTHER                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       |                                         |                            | WA STOP GAP                                                     |         | 1,000,0                               |
| A        | AUTOMOBILE LIABILITY                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       |                                         |                            | COMBINED SINGLE LIMIT<br>(Ea accident)                          |         | 1,000,0                               |
|          | X ANY AUTO                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | EPP0384852                                                            | 5/1/2019                                | 6/1/2020                   | BODBY MAJRY (Per person)                                        |         |                                       |
|          | AUTOS ONLY AUTOS                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       |                                         |                            | BCORY INJURY (Per accident)<br>PROPERTY DAMAGE                  | 1       |                                       |
|          | MOTOS ONLY MOTOS ONLY                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       |                                         |                            | PROPERTY CAMAGE<br>(Par accelere)                               |         |                                       |
| A        | X UMBRELLA LIAB X OCCUR                                                                                                             | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                       |                                         |                            | FARL DOCUMENTARY                                                | -       | 4,000,00                              |
|          | EXCESS LIAB CLAMS MADE                                                                                                              | manage of the second seco | EPP0384852                                                            | 5/1/2019                                | 5/1/2020                   | EACH OCCURRENCE<br>AGGREGATE                                    |         | 4,000,00                              |
|          | DED RETENTION 6                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       | 200200000000000000000000000000000000000 |                            | . PSWWIIKWICK                                                   |         |                                       |
|          | WORKERS COMPENSATION<br>AND EMPLOYERS' LIABILITY                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       |                                         |                            | STATUTE ER                                                      |         |                                       |
|          | ANY PROPRETOR PARTNER/DECUTIVE 1                                                                                                    | ATA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       |                                         |                            | E.I. EACH ACCIDENT                                              |         |                                       |
|          | (Mandatory in NH)                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       |                                         |                            | EL DISEASE - EA EMPLOYEE                                        | 1       |                                       |
| _        | If yes, describe under<br>DESCRIPTION OF OPERATIONS below                                                                           | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                       | _                                       |                            | EL DISEASE - POLICY LINET                                       | 1       |                                       |
|          |                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       |                                         |                            |                                                                 |         |                                       |
| _        | 1                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       | 1                                       |                            |                                                                 |         |                                       |
| AL       | Chiption of Operations / Locations / VEHICLE<br>L&I Account ID: Stone Creek Land Dsgn/                                              | Dev LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 101, Additional Remarks Schedule, ma<br>292,311-00: Zetin Contractors | LLC 292.311-02                          | a space is requir          | wel)                                                            |         |                                       |
|          | Commercial tree service license                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       |                                         |                            |                                                                 |         |                                       |
|          | ficate holder is named as additional insu                                                                                           | red.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                       |                                         |                            |                                                                 |         |                                       |
|          |                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       |                                         |                            |                                                                 |         |                                       |
|          |                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       |                                         |                            |                                                                 |         |                                       |
|          |                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       |                                         |                            |                                                                 |         |                                       |
| ER       | RTIFICATE HOLDER                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | CA                                                                    | NCELLATION                              |                            |                                                                 |         |                                       |
|          | City of Spokane<br>Department of Taxes and Lice                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       |                                         | DATE TH                    | ESCRIBED POLICIES BE G<br>EREOF, NOTICE WILL I<br>Y PROVISIONS. |         |                                       |
|          | 806 West Spokane Falls Blvd.<br>Spokane, WA 99201                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       | HOMIZED REPRESE                         |                            |                                                                 |         |                                       |
| ACC      | ORD 25 (2016/03)                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 4                                                                     | org 6. Haut                             |                            | ORD CORPORATION.                                                | All rig | ht                                    |

The ACORD name and logo are registered marks of ACORD

#### EXAMPLE OF HEALTH DEPT CERTIFICATE

.

| SPOKANE REGIONAL                                      | MUST BE CONSPICUOUSLY DISPLAYED ON THE<br>FOOD PERMIT<br>Valid Until 12/31/2020 |                                               |
|-------------------------------------------------------|---------------------------------------------------------------------------------|-----------------------------------------------|
| Fee: 630.00 Description: MOBILE UNIT<br>Permit No: PR | WITH APPROVED KITCHEN                                                           | Facility Location<br>Spokane Valley, WA 99037 |
| Spokane Valley, WA 99216                              |                                                                                 | NOT TRANSFERABLE                              |