Vendor Permit Application

Dates of Operation: From_____ to_____

CITY OF MORTON
City Hall
192 Adams Ave
Morton, Washington 98356
360-496-6881

APPLICATION FOR
TEMPORARY STAND
PERMIT

Company or applicant name:
Contact Person: _____ Phone Number: _____
Address: _____ City: _____ State: _____ Zip: _____
Driver's License #: _____ UBI# _____
Email Address: _____
Location of stand: _____
I will be selling: _____

My structure is a: ☐ Mobile Food Unit ☐ Wood Structure ☐ Tent ☐ Umbrella ☐ Other

Measurements / dimensions of stand _____requiring_____ feet of space to operate.

SIGNATURE OF PROPERTY OWNER (required)

_____

Property Address: _____

Phone No.: _____

Date: _____

SIGNATURE OF APPLICANT

I hereby certify that, to the best of my knowledge, the information submitted with application is true and correct

_____

Date: _____

OFFICE USE ONLY

In compliance, approved ☐ Approved with conditions ☐ Non-compliance, denied ☐

Signature: _____ Date: _____

Date Paid: _____ $5.00 3-day fee ☐ $20.00 annual fee ☐

License Number: _____ Date Issued: _____