City of Edmonds
Mobile Vending Unit Supplemental Form
City Clerk's Office, Business License Division
121 5th Avenue North, Edmonds, WA 98020
425.775.2525

Business Name_____

WA State Tax ID # (UBI)_____

Business Email Address_____

Description of Business_____

_____

Owner or Local Agent Information

Name_____

Address_____

Driver's License No. and State_____

Date of Birth_____City & State of Birth _____

Second Owner or Local Agent Information (if applicable)

Name_____

Address_____

Driver's License No. and State_____

Date of Birth_____City & State of Birth _____

Yes No

☐ ☐ Do you have a proposed location for your vending unit? If so please describe and attach a map to this form. _____

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☐ ☐ Do you have written approval for use of the site from property owners or tenants? Please attach the letter to this form.

☐ ☐ Is the proposed vending location abutting any parks or other city public land? If so, please attach an approval letter from the Parks and Recreation Department and/or the City Council.

☐ ☐ Is the proposed vending location abutting vacant land? If so, please attach an approval letter from the property owner.

Please enter the weight of the mobile vending unit _____

Please also attach a certificate of insurance to this form.