

APPLICATION FOR TRANSIENT MERCHANT LICENSE

This application is required by Ordinance No. 97-1216



Please print legibly.

When complete and signed, please submit all four (4) pages to the Finance Department at City Hall, 313 Court Street, The Dalles, OR 97058, along with a non-refundable \$10.00 investigation fee. If a vendor's sign is affixed to their table or cart there is no need for a sign permit. If your business anticipates using any other type of signage, please contact the Planning Department regarding a sign permit. Your application will be reviewed and you will be notified in writing of the City's decision within ten (10) business days.

Applicant Information:

1. Applicant Full Name: _____

2. Applicant Mailing Address: _____

3. Social Security No: _____ Date of Birth: _____

4. Driver's License No: _____ State: _____

Note: Applicant is required to provide a copy of current photo identification.

5. Height: _____ Weight: _____ Hair Color: _____ Eye Color _____

6. Have you ever been convicted of any misdemeanor or felony? _____ Yes _____ No
If yes, please provide information concerning the date and place of conviction.

Company Information:

1. Company or Employer Name: _____

2. Company Mailing Address: _____

3. Phone: _____ FAX: _____

Business Information:

1. Nature of business to be conducted: (specify items for sale; if food, specify packaged or served, etc.)

2. Hours of Operation: _____

3. Briefly describe the appearance of the business, including signage, and manner of display:

4. If your business anticipates using any type of signage other than what is affixed to your table or cart, sign permits will be required. Please contact the City’s Planning Department at 541-296-5481 x 2 or at City Hall, 313 Court Street, The Dalles, Oregon, for more information.

5. The type of merchandise or method of sale may require health and safety licenses, permits or inspections from County and State agencies. Please contact the County Public Health Department at 541-506-2600 and the State Department of Agriculture at 541-296-8696 to determine if your operation must comply with the regulations of these agencies.

Note: Applicant is required to submit with this application documentation that all applicable health and sanitary licenses have been obtained from the State and County.

6. Length of time for which license is requested – please specify dates: _____

License Fees: One month or less = \$25.00 Annual = \$50.00

7. Address of location where business will be conducted: _____

8. Name and address of property owner: _____

Note: Documentation of permission of property owner to use the property as described is required.

**ACKNOWLEDGEMENT OF APPOINTMENT
AS AGENT FOR SERVICE OF NOTICES**

Pursuant to Section 6 of General Ordinance No. 97-1216, I hereby acknowledge that I have been appointed to serve as the agent for the above-named applicant for purposes of accepting services of process, notice, or demand required or permitted by law to be served upon the applicant. Please print legibly.

Name of Agent: _____

Mailing Address: _____

Phone Number: _____ FAX: _____

Agent Signature

Date

City Attorney review:

Approved _____

Denied _____

***** **FOR OFFICE USE ONLY** *****

DO NOT WRITE BELOW THIS LINE ON THIS PAGE

The information on this application has been reviewed by The Dalles Police Department. It is recommended that this application: (please circle one) be approved. be denied.

Chief of Police or Representative

Date

The information on this application has been reviewed by the Planning Department. It is recommended that this application: (please circle one) be approved. be denied.

Planning Director or Representative

Date

Investigation Fee Paid: \$10.00 Date: _____

License Fee Paid: \$ _____ License No. Issued _____ Date: _____

Letter of Denial sent to Applicant - Date: _____