



CITY OF PROSSER, WA

601 7th Street, Prosser, Washington 99350 (509)786-2332 Fax (509)786-3717

APPLICATION FOR ITINERANT MERCHANT BUSINESS REGISTRATION

APPLICATION MUST BE MADE 15 DAYS PRIOR TO COMMENCEMENT OF BUSINESS WITHIN THE CITY OF PROSSER. APPLICATIONS MADE LESS THAN 15 DAYS PRIOR TO COMMENCEMENT OF BUSINESS MAY NOT BE APPROVED. A \$100.00 NON-REFUNDABLE APPLICATION FEE MUST ACCOMPANY THIS APPLICATION.

DATE OF APPLICATION: _____ DATE(S) OF OPERATION: from _____ to _____
(Fee, if approved: \$25.00 per day for each day of business)

NAME OF APPLICANT: _____

APPLICANT'S ADDRESS: _____

APPLICANT'S PHONE NUMBER: _____

NAME, ADDRESS & PHONE NO. OF LOCAL CONTACT: _____

NAME OF BUSINESS: _____

BUSINESS LOCATION (STREET ADDRESS IN PROSSER): _____

BUSINESS MAILING ADDRESS: _____

BUSINESS PHONE NUMBER: _____

TYPE OF BUSINESS: _____

WASHINGTON STATE UBI#: _____ DEPT OF HEALTH CERT#: _____

THE FOLLOWING MUST ACCOMPANY THIS APPLICATION:

1. A statement of all persons having an interest in said business, either as proprietors or owners of said business, including their addresses and their telephone numbers.
2. A list of the names, addresses and telephone numbers of all persons who will be conducting business under the registration applied for.
3. A copy of the applicant's certificate from the Washington State Department of Revenue which shall show the tax number (UBI number) of the business.
4. A copy of the applicant's Benton County Department of Health certificate, if applicable.
5. A signed copy of the rental or lease agreement from the owner of the property on which the business will be conducted.
6. A certificate of insurance with a minimum of five-hundred thousand dollars (\$500,000) public liability and property damage, which shall also include product liability coverage, and which shall name the City of Prosser as an additional insured. (Upon cancellation or termination of such insurance, the registration shall be revoked and canceled without notice)
7. A \$100.00 non-refundable application fee.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND UNDERSTAND THAT APPROVAL OF THIS APPLICATION IS NOT AUTHORITY TO OPERATE A BUSINESS UNLESS COMPLIANCE WITH ALL APPLICABLE CITY ORDINANCES AND STATE OR FEDERAL LAWS IS MAINTAINED. I FURTHER UNDERSTAND THAT THIS APPLICATION SHALL BE SUBJECT TO REVIEW BY THE CHIEF OF POLICE, WHO SHALL PERFORM A FULL INVESTIGATION OF THE APPLICANT, AS WELL AS ALL PERSONS WHO WILL BE CONDUCTING BUSINESS UNDER THE REGISTRATION APPLIED FOR.

SIGNATURE: _____ TITLE: _____

PRINT NAME: _____ DATE: _____

**NOTE: This form is subject to public disclosure.
This institution is an equal opportunity provider and employer.**

FOR OFFICIAL USE ONLY:

Date: _____ Rec'd By: _____ Amount: _____ Cash/Check: _____ Rec# _____