ITINERANT VENDOR BUSINESS REGISTRATION

Pullman City Code, Chapter 8.95

Applicants registering with the City of Pullman for the purpose of itinerant business shall file with the Chief of Police a sworn application in writing as well as provide sufficient proof of identification such as a current Driver's License, Passport, Military I.D., or State issued I.D. card. A photograph of each applicant will also be taken and attached to the name record for identification purposes. Misrepresentation or false statement could result in your application being denied or revoked, and monies collected will not be refunded.

Non-refundable registration fee due upon submission of this application (Pullman City Council Resolution R-76-13). Itinerant Vendor Business Registration expires after 90 days.

☐ Registration Fee = $35.00 (due at time of application)

APPLICANT INFORMATION

Last Name: ___________________________ First: ___________________________ Middle: ___________________________

List any other names by which you have been known (i.e. Maiden Name): ___________________________

Date of Birth: ___________________________ Place of Birth (City & State): ___________________________

Physical Identifiers:

<table>
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<tr>
<th>Gender</th>
<th>Race</th>
<th>Eye Color</th>
<th>Hair Color</th>
<th>Height</th>
<th>Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Male</td>
<td>American Indian/Alaskan Native</td>
<td>☐ Amber</td>
<td>☐ Bald</td>
<td>____ feet</td>
<td>____ lbs.</td>
</tr>
<tr>
<td>☐ Female</td>
<td>Asian/Pacific Islander</td>
<td>☐ Black</td>
<td>☐ Black</td>
<td></td>
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<tr>
<td></td>
<td>Black</td>
<td>☐ Green</td>
<td>☐ Red</td>
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<tr>
<td></td>
<td>Hispanic</td>
<td>☐ Blue</td>
<td>☐ Blonde</td>
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<td>White</td>
<td>☐ Hazel</td>
<td>☐ Silver</td>
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<td></td>
<td>Other</td>
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<td>☐ Brown</td>
<td></td>
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<td></td>
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<td>☐ Other</td>
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</tbody>
</table>

Drivers License/Identification #: ___________________________ State of Issue: ___________________________

Physical Address (where you reside):

City: ___________________________ State: ___________ Zip: ___________

Mailing Address:

City: ___________________________ State: ___________ Zip: ___________


Local address where you can be contacted (i.e. hotel):

City: ___________________________ State: ___________ Zip: ___________ Phone: ___________________________

CONVICTION INFORMATION:

Have you ever been convicted of any crime within the last ten (10) years, including misdemeanors, gross misdemeanors, or criminal violation of any municipal ordinance? ☐ Yes ☐ No

If yes, state the nature of the offense(s) and the punishment or penalty assessed thereof: ___________________________

______________________________
__________________________________________
BUSINESS/EMPLOYER INFORMATION

Business Name:______________________________________________________________

Business Address:___________________________________________________________

City: __________________________ State: ___________ Zip: ________________

Business Phones Number: ___________________________ Business Fax: ____________

Email address (optional): ____________________________________________________

Your Title: □ Owner □ Co-Owner □ Manager □ Employee □ Other: __________________

Nature of business and the goods/services to be sold: ______________________________

Anticipated period of time, not to exceed 90 days, during which business will be conducted (i.e. dates):

__________________________________________________________

BUSINESS VEHICLE INFORMATION

If applicable, list information for all vehicles to be utilized to conduct business within the City of Pullman. Please attach additional sheets as necessary.

VEHICLE #1:

Year: __________ Make: __________________________ Model: __________________

Color: ______________ License Plate #: __________________ State of Issue: __________

Other pertinent information (i.e. “used to transport employees” or “licensed food vending vehicle”): __________

__________________________________________________________

VEHICLE #2:

Year: __________ Make: __________________________ Model: __________________

Color: ______________ License Plate #: __________________ State of Issue: __________

Other pertinent information (i.e. “used to transport employees” or “licensed food vending vehicle”): __________

__________________________________________________________

VEHICLE #3:

Year: __________ Make: __________________________ Model: __________________

Color: ______________ License Plate #: __________________ State of Issue: __________

Other pertinent information (i.e. “used to transport employees” or “licensed food vending vehicle”): __________

__________________________________________________________

PERJURY STATEMENT

I certify and declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Applicant Signature: ____________________________ Date: __________________________
PROPERTY OWNER AUTHORIZATION TO USE PARCEL

PROPERTY OWNER INFORMATION:

Last Name: __________________________ First: __________________________ Middle: ________________

Physical Address (where you reside): __________________________________________________________

City: __________________________ State: __________ Zip: ________________

Mailing Address: __________________________________________________________

City: __________________________ State: __________ Zip: ________________

Phones Number: Home: ________________ Cell: ________________ Work: ________________

AUTHORIZATION STATEMENT:

I, __________________________, hereby authorize __________________________, __________________________

Property Owner Name

Applicant Name

to use my parcel and/or property located at __________________________

Address or Description of Location

for the purposes described in this document for a period not to exceed ninety (90) days.

Property Owner Signature: ________________ Date: ________________

SITE PLAN

In the space provided below, please include a site plan showing the location of nearest driveway, public right-of-ways, and fire hydrant(s). If you would prefer to attach maps and/or drawings requiring more space, please indicate “see attached” in the space below.
ADDITIONAL EMPLOYEE LIST
List complete information for all employees who will be working in the City of Pullman for the purposes of this business. Please attach additional sheets as necessary.

EMPLOYEE #1:

Last Name: __________________________ First: __________________________ Middle: __________________________

List any other names by which you have been known (i.e. Maiden Name): __________________________

Date of Birth: __________________________ Place of Birth (City & State): __________________________

Gender: ______ Race: __________ Height: ______ Weight: ______ Eye: ______ Hair: ______

Drivers License/Identification #: __________________________ State of Issue: __________________________

Physical Address (where you reside): __________________________

City: __________________________ State: __________ Zip: __________

Phones Numbers: Home: __________________________ Cell: __________________________ Work: __________________________

Local address where you can be contacted (i.e. hotel): __________________________

City: __________________________ State: __________ Zip: __________ Phone: __________________________

EMPLOYEE #2:

Last Name: __________________________ First: __________________________ Middle: __________________________

List any other names by which you have been known (i.e. Maiden Name): __________________________

Date of Birth: __________________________ Place of Birth (City & State): __________________________

Gender: ______ Race: __________ Height: ______ Weight: ______ Eye: ______ Hair: ______

Drivers License/Identification #: __________________________ State of Issue: __________________________

Physical Address (where you reside): __________________________

City: __________________________ State: __________ Zip: __________

Phones Numbers: Home: __________________________ Cell: __________________________ Work: __________________________

Local address where you can be contacted (i.e. hotel): __________________________

City: __________________________ State: __________ Zip: __________ Phone: __________________________

Make checks payable to: City of Pullman

Please send payment with completed form to:

Pullman Police Department
ATTN: Itinerant Vendor Registration
260 SE Kamiaken St.
Pullman, WA 99163