Dates of Operation: From\_\_\_\_\_\_\_\_\_\_\_\_ to\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| CITY OF MORTON  | APPLICATION FOR  |
| City Hall  | TEMPORARY STAND  |
| 192 Adams Ave | PERMIT  |
| Morton, Washington 98356  |   |
| 360-496-6881  |   |

|  |  |
| --- | --- |
| 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) SIGNATURE OF APPLICANT

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

Prope

rty Address:

Phone No.:

Date

:

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: