



TRANSIENT MERCHANT APPLICATION

City of Grandview
207 West Second Street
Grandview, WA 98930
Phone: 509-882-9200
Fax: 509-882-3099
<http://www.grandview.wa.us>

PLEASE PRINT

FEE: \$25.00 FOR EACH SALESPERSON FOR THREE CONSECUTIVE DAYS (GMC 5.16.040)

NO. OF DAYS & DATES _____

TOTAL AMOUNT DUE \$ _____ RECEIPT NO. _____

APPLICANT(S) NAME _____
FIRST MIDDLE LAST

DATE OF BIRTH ____ - ____ - ____ DRIVER'S LIC. # _____

ADDRESS _____ TELEPHONE # _____

NAME OF BUSINESS _____

BUSINESS LOCATION ADDRESS _____

BUSINESS MAILING ADDRESS _____

BUSINESS TELEPHONE NUMBER _____

WASHINGTON STATE DEPT. OF REVENUE TAX I.D. NO. _____ - _____ - _____

NAME OR TYPE OF PRODUCT _____

DESCRIBE HOW BUSINESS WILL BE CONDUCTED AND HOURS OF OPERATION _____

The applicant(s) hereby certify, under penalty of perjury by the laws of the State of Washington, that all of the above statements herewith are true and that to the best of the applicants knowledge the premises and building(s) where the business is to be conducted are in substantial compliance with the requirements of the city ordinances, including but not limited to the zoning ordinance, fire code, building code, plumbing code, electrical code, and any other applicable ordinances or regulations. The applicant(s) acknowledge that any business license granted based on this application may be revoked if any such statement is false or if the building or business is no longer in compliance with required ordinances, codes, rules or regulations.

Signature of Applicant(s)

Date

APPROVAL INFORMATION (FOR OFFICE USE ONLY)

POLICE CHIEF

APPROVED: _____ DENIED: _____ BY: _____ DATE: _____

COMMENTS: _____

REASON FOR DENIAL: _____