CITY OF PRINEVILLE

TRANSIENT MERCHANT/VENDING PERMIT APPLICATION

APPLICANT'S NAME:	TYPE OF PERMIT REQUESTED ☐ Transient Merchant ☐ Vending on Public Property ☐ Annual ☐ Monthly ☐ 3 day ☐ 1 day
RESIDENCE ADDRESS:	MAILING ADDRESS:
TELEPHONE (PERMANENT)	MESSAGE PHONE/CELL
DATE OF BIRTH	DRIVER'S LICENSE # STATE OF ISSUE:
DESCRIBE NATURE OF BUSINESS AND GOODS TO BE SOLD: ☐ New ☐ Used ☐ Auction ☐ Seasonal	INDICATE DAYS AND HOURS OF OPERATION:
ADDRESS TRANSIENT BUSINESS WILL BE LOCATED:	LAST FOUR (4) PLACES TRANSIENT BUSINESS HAS BEEN LOCATED: 1. 2. 3. 4.
PROPERTY OWNER'S SIGNATURE AUTHORIZING PERMISSION: _____ Signature _____ Printed Name/Title Date	I hereby swear that the above information is true and accurate to the best of my ability. _____ Applicant's Signature Date
ANY PERSON, FIRM, OR CORPORATION VIOLATING ANY OF THE PROVISION OF THIS ORDIANCE SHALL, UPON CONVICTION THEREOF, BE PUNISHED BY A FINE NOT TO EXCEED $500.00.	CITY APPROVAL _____ Planning _____ Police Dept _____ City Manager