

<b>PLEASE RETURN TO:</b>  City of Quincy City Clerk's Office 104 B Street SW PO Box 338 Quincy, WA 98848  Phone: (509)787-3523 Fax: (509)787-1284	<b>ITINERANT VENDOR PERMIT</b>  Application Fee \$25 Annual Fee \$75  Vendor's licenses are non-transferable. If you discontinue your business activity in Quincy please notify the City. Thank you.  The City's tax revenue code is 1310. Please verify that you are reporting taxes correctly to the Department of Revenue.	<b>FOR OFFICE USE ONLY:</b>  Date Received:  Amount Paid:  New/Renewal  Receipt #:  Issue Date:
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**CITY OF QUINCY APPLICATION FOR ITINERANT VENDOR**

The Quincy Municipal Code requires that each business operating within the City limits obtains a business registration from the City Clerk's office. THIS DOES NOT PRECLUDE OTHER LICENSES BEING REQUIRED.

<b>REGISTRANT MAILING ADDRESS (IF DIFFERENT FROM BUSINESS ADDRESS)</b> <b>** (All Information related to this registration will be sent to this address)**</b>  Name: Title: Address: City, State, Zip:	<b>CORPORATE/BUS. PHONE:</b>  <b>BUSINESS FAX:</b>
<b>DOING BUSINESS AS:</b>  Name: Address: City, State, Zip:	<b>LOCAL BUSINESS PHONE NUMBER:</b>  <b>OPENING DAY OF BUSINESS:</b>
<b>WA STATE UNIFORM BUSINESS IDENTIFIER #:</b>	<b>FEDERAL TAX ID #:</b>
<b>CONTRACTOR ID # (IF APPLICABLE)</b>	<b>LEGAL STATUS: SOLE PROPRIETER (CIRCLE ONE)</b> INDIVIDUAL CORPORATION LLC PARTNERSHIP OTHER (PLEASE EXPLAIN)

**COMPLETE OR ATTACH SEPARATE LISTING FOR ALL OWNERS, AGENTS, PARTNERS OR CORPORATE OFFICERS:**

1- NAME:	TITLE:	HOME PHONE:
HOME ADDRESS:	CITY/STATE/ZIP:	% OWNED:
DATE OF BIRTH:	DRIVERS LIC:	SOCIAL SECURITY # :

**BUSINESS INFORMATION**

NUMBER OF EMPLOYEES:
BUSINESS ACTIVITY (Please describe business activity in detail in the space provided):
<p>Also, please check type of business:</p> <p>Wholesale</p> <p>Manufacturing</p> <p>Retail</p> <p>Service</p> <p>Construction</p> <p>Commercial</p>
Telecommunication Provider?
Individual License Required?
Home Occupation?
Non-Profit?
Store Hazardous Materials?

**EMERGENCY CONTACTS**

You must provide two local contacts who are available in your absence in case of emergency. (For the police and fire department use). Please include Name, Relation, Address and Phone number.

- 1.
- 2.

I hereby certify and declare under penalty of perjury under Washington State Law that the statements furnished by me on this application are true and complete to the best of my knowledge and that I will comply with the provisions of the Quincy Municipal Code in conducting business in the City of Quincy.

\_\_\_\_\_  
 Applicant's Signature and Title \_\_\_\_\_  
 Date

Public Works: \_\_\_\_\_ Police: \_\_\_\_\_

Building: \_\_\_\_\_