APPLICATION FOR TRANSIENT BUSINESS LICENSE

NAME OF OWNER			
NAME OF APPLICANT			
HOME/MAILING ADDRESS			
CITY	STATE	ZIP	
DAYTIME PHONE ()			
STATE TAX NUMBER			
DATES OF OPERATION REQUESTED			
NUMBER OF DAYS			
CHELAN LOCATION			

Before issuing approval of this application, the city administrator must review this for compliance with the following as outlined in city ordinance 5.20.030 through 5.20.060 as amended April 9, 1987.

1. Describe in detail your business plan (operation, the goods or services, hours of operation, type of location and facility, available parking and interior and exterior lighting). Use extra paper if needed.

2. Describe your plans and provisions for fire safety, public health and safety, pedestrian, vehicular traffic and conformance with sign and litter ordinances. The city fire chief must give written approval to provisions for fire safety issues. Use extra paper if needed.

- 3. Please provide the following documentation that pertains to your business.
 - a. Photo or copy floor plan of the mobile unit;
 - b. Health Department Approval Document, if serving food;
 - c. Copy of Concession Agreement from land owner, if applicable;
 - d. Restroom facility location and approval for employees / patrons;
 - e. Approval from Department of Labor and Industries Mobile for mobile unit;
 - f. Site plan indicating location of business showing mobile unit, parking, seating/dining area, utility connections

•	y under penalty of perjury that the ir dge and belief.	nformation above is correct to the best of m	
	APPLICANT'S SIGNATURE		
DAY P PRIOR	ERIOD. PAYMENT IS TO BE MADE U	\$10.00 PER DAY UP TO \$100.00 FOR A 120 IPON APPROVAL OF APPLICATION AND ISINESS LICENSE. DO NOT SEND PAYMENT	
PLEAS	SE RETURN THIS APPLICATION TO:	CITY ADMINISTRATOR CITY OF CHELAN P.O. BOX 1669 CHELAN, WA 98816	
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INCLUI NOT LI		THE APPLICATION AND REPORT, F AND POLICE CHIEF. THIS REPORT IS TEN DAYS ARE ALLOWED, BUT NOT	
APPLIC	CATION RECEIVED		
BASED	O ON THESE FINDINGS, THE APPLICA	ANT IS:	
	GRANTED THE PERMIT GRANTED THE PERMIT ON THE CONDITION THAT: (SEE ATTACHED) DENIED THE PERMIT BECAUSE: (SEE ATTACHED)		
DATE		CITY ADMINISTRATOR'S SIGNATURE	

LICENSE FEE \$_____

RECEIPT NO._____

EXPIRES

DATE RECEIVED_____

EFFECTIVE DATE

BY_____

