

LICENSE NO. _____

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.

