

APPLICATION FOR TRANSIENT MERCHANT LICENSE

This application is required by Ordinance No. 97-1216



Please print legibly.

When complete and signed, please submit all four (4) pages to the Finance Department at City Hall, 313 Court Street, The Dalles, OR 97058, along with a non-refundable \$10.00 investigation fee. If your business anticipates using any type of signage, please contact Community Development regarding a sign permit. Your application will be reviewed and you will be notified in writing of the City's decision within ten (10) business days.

Applicant Information:

1. Applicant Full Name: _____

2. Applicant Mailing Address: _____

3. Social Security No: _____ Date of Birth: _____

4. Driver's License No: _____ State: _____

Note: Applicant is required to provide a copy of current photo identification.

5. Height: _____ Weight: _____ Hair Color: _____ Eye Color _____

6. Have you ever been convicted of any misdemeanor or felony? _____ Yes _____ No
If yes, please provide information concerning the date and place of conviction.

Company Information:

1. Company or Employer Name: _____

2. Company Mailing Address: _____

3. Phone: _____ FAX: _____

Business Information:

1. Nature of business to be conducted: (specify items for sale; if food, specify packaged or served, etc.)

2. Hours of Operation: _____

3. Briefly describe the appearance of the business, including signage, and manner of display:

4. If your business anticipates using any type of signage, sign permits will be required. Please contact the City's Community Development Department at 541-296-6906 x1125 or at City Hall, 313 Court Street, The Dalles, Oregon, for more information.

5. The type of merchandise or method of sale may require health and safety licenses, permits or inspections from County and State agencies. Please contact the County Public Health Department at 541-506-2600 and the State Department of Agriculture at 541-296-8696 to determine if your operation must comply with the regulations of these agencies.

Note: Applicant is required to submit with this application documentation that all applicable health and sanitary licenses have been obtained from the State and County.

6. Length of time for which license is requested – please specify dates: _____

License Fees: One month or less = \$25.00 Annual = \$50.00

7. Address of location where business will be conducted: _____

8. Name and address of property owner: _____

Note: Documentation of permission of property owner to use the property as described is required.

WAIVER AND RELEASE

I authorize the City of The Dalles to inquire about and consider any information concerning arrests and convictions contained in the records of driver licensing agencies, courts, police agencies, or law enforcement databases. I agree to waive any claim or right of action I may have based upon the accuracy, use and provision of such information. I agree this waiver and release from liability is granted to the City of The Dalles, its agents, officers, employees, and contractors.

Applicant Signature

Date

NOTE: The following must be completed. The appointed agent shall be a local person acceptable to the City Attorney. The agent may be the same as the applicant in some cases.

ACKNOWLEDGEMENT OF APPOINTMENT AS AGENT FOR SERVICE OF NOTICES

Pursuant to Section 6 of General Ordinance No. 97-1216, I hereby acknowledge that I have been appointed to serve as the agent for the above-named applicant for purposes of accepting services of process, notice, or demand required or permitted by law to be served upon the applicant. Please print legibly.

Name of Agent: _____

Mailing Address: _____

Phone Number: _____ FAX: _____

Agent Signature

Date

City Attorney review:

Approved _____

Denied _____