



CITY OF SNOHOMISH

116 UNION AVENUE • SNOHOMISH, WASHINGTON 98290 • TEL (360) 568-3115 FAX (360) 568-1375

SPECIAL EVENT LIMITED VENDOR BUSINESS LICENSE APPLICATION

Please print or type. Must be legible and complete to process.

- Kla Ha Ya Days*

 Saturday Market

 Other: _____

1. Today's Date: _____ 2. Date(s) of Event: _____

3. Name of Business: _____

4. Type of Business: _____

5. Full Name of Vendor: _____

6. Mailing Address: _____
Street

City, State, Zip

7. Home Phone No.: (_____) _____

8. Unified Business Identification Number (obtained from the Washington State Department of Revenue) or Social Security Number:

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NON-REFUNDABLE LICENSE FEE: \$5.00 (Make checks payable to City of Snohomish)

I certify under penalty of perjury that the information above is correct to the best of my knowledge and belief.

Signature

Date of Application

CITY USE ONLY

Date Rec'd _____ By _____ Rec. # _____ CO # _____ Lic # _____ Issued: _____