



# 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: \_\_\_\_\_