

PEDDLER'S LICENSE APPLICATION

CITY OF GOLDENDALE
1103 S Columbus Goldendale WA 98620
(509) 773-3771 Fax: (509) 773-9171

BUSINESS INFORMATION

Name Phone Number

Street Address and Mailing Address

Business Type Yes _____ No _____
Home Occupation

UBI Number/WA St Tax ID Number Contractor's WA State License Number/Expiration Date

APPLICANT/CONTACT INFORMATION

Name Phone Number

Street Address and Mailing Address

Dates you will be conducting business

Name of Special Event or location

Has applicant ever had a license denied or revoked for the conduct of the above referenced business? Yes _____ No _____

The undersigned states these to be true facts and agrees to comply with all laws and ordinances of the City of Goldendale applicable to the subject matter thereof.

Applicant Signature Date

**May require 7-10 days for
Municipal Code Review**

OFFICE USE ONLY MUNICIPAL CODE REVIEW	
Approved by the following:	
_____ Clerk/Treasurer	_____ Public Safety Director
_____ Mayor	_____ Public Works Director
_____ City Administrator	_____ Date