



APPLICATION COVER SHEET

Department of Community & Economic Development

321 E. 5th Street, Port Angeles, WA 98362

360.417.4750 | www.cityofpa.us | ced@cityofpa.us

APPLICANT INFORMATION

Applicant Name: _____ (Property Owner: Yes No)

Mailing Address: _____

Phone: _____ Email: _____

Applicant's Representative (If other than applicant): _____

Phone: _____ Email: _____

SUBJECT PROPERTY

Property Owner(s): _____

Property Owner Address: _____

Full Street Address: _____

Full Legal Description: _____

Parcel ID: _____

Current Zoning: _____

APPLICATION / PERMIT TYPE

ENVIRONMENTAL

- Environmental Sensitive Area
- Flood Development
- Shoreline Development
- State Environmental Policy Act
- Wetland Permit

LAND DIVISION AND ALTERATION

- Annexation
- Boundary Line Adjustment
- Short Plat
- Subdivision
- Street Vacation
- Lot Conformation

MUNICIPAL

- Municipal Code Amendment
- Comprehensive Plan Amendment

ZONING & USES

- Conditional Use - Type:
- Home Occupation
- Temporary Use
- Unclassified Use
- Overlay - Type:
- Variance - Type:
- Mobile & Itinerant Vendor – Type:
- Rezone

OTHER: _____

STAFF USE ONLY:

Notes:

Date Stamp



MOBILE AND ITINERANT VENDOR APPLICATION

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BUSINESS INFORMATION

Business Name: _____ Business Phone: _____
Business Email: _____ Hours of Operation: _____
Operation Days Per Year: _____ Non-Profit EIN: _____
WA State Business License # (UBI): _____

APPLICATION / PERMIT TYPE

Mobile - A mobile vendor is a business that operates from a vehicle, trailer, bicycle, or cart and moves to different locations to sell goods or services in an outdoor setting.

Itinerant - An itinerant vendor is a business that travels from place to place to sell products or services, often setting up temporary stands or booths in an outdoor setting.

- Mobile Vendor (non-food sales or production) Itinerant Vendor (non-food sales or production)
 Mobile Vendor (food sales or production) Itinerant Vendor (food sales or production)

Do you plan to operate, vend, or hold events in any City parks? Yes No

Days of Operation:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mon	Tue	Wed	Thur	Fri	Sat	Sun

APPLICATION MATERIALS CHECKLIST

- Mobile & Itinerant Vendor Application:** Complete this form and have an authorized agent sign.
 Business Narrative: Complete page three of this form to provide us with a narrative of your operations.
 Health Permit: Signed approval or exemption from [Clallam County Health Department](#) (applicable for food sales).
 L&I Insignia: Photo of the Official [Department of Labor & Industries](#) Insignia or Stamp (applicable for mobile units).
 Fire Safety Inspection: Copy of a current Mobile Food Vendor Fire Safety Inspection certificate or signed approval form from the Washington State Association of Fire Marshals (applicable for mobile units with hood system)

I have read and completed the application and know it to be true and correct. I am authorized to apply for this permit and understand that it is my responsibility to determine what permits are required and to obtain permits prior to work, use, or activity. I understand that I will forfeit review fees if I withdraw the application before the permit is issued.

Date: _____ Print Name: _____ Signature (Owner Representative) _____

STAFF USE ONLY:

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BUSINESS NARRATIVE

Please complete the narrative below to provide the City with a clear overview of your business operations. This section helps us understand what you sell, where and when you plan to operate, and any special considerations for parks or events. Be as specific as possible.

My name is _____ and I operate under the business name _____.

I sell/provide _____.

I plan to operate primarily at _____
_____ (events, locations, or routes).

My typical season of operation is _____

and my hours of operation are _____.

My business setup is a Food Truck Trailer Cart Tent/Booth Other: _____.

The general flow of my operations (set-up, serving, clean-up) is as follows: _____

If operating in City parks, the park(s) I plan to use are: _____

If operating in City parks, the utilities I will need are: Power Water Restrooms None.

Additional notes about my customer base, type of events, or special considerations: _____
