



# CITY OF NEWPORT, WASHINGTON

## TEMPORARY BUSINESS USE PERMIT APPLICATION (Not applicable to pre-calendared events)

Company Name: \_\_\_\_\_ Applicant Name: \_\_\_\_\_

Contact Person/Employee: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Physical Address: \_\_\_\_\_

Applicant's Drivers License: \_\_\_\_\_ WA State Tax UBI#: \_\_\_\_\_

Proposed location: \_\_\_\_\_

Property Owner Name and Phone #: \_\_\_\_\_

In the event that the City of Newport grants a temporary business use permit for use on city property, applicant agrees to make the City of Newport an additional insured on their insurance policy.

NE Tri-County Health Food Service Permit # (if applicable): \_\_\_\_\_

I will be selling: \_\_\_\_\_

Days & hours of operation: \_\_\_\_\_ Dates of Operation: \_\_\_\_\_

\$20 monthly, or \$40 for six months which is max

My structure is: \_\_\_\_\_ Size of space to operate: \_\_\_\_\_

Please attach a diagram of the proposed site layout (site plan) including ingress and egress if any, parking, and/or location of proposed facilities (carts, trailers, seating, garbage receptacles, etc.)

**SIGNATURE OF PROPERTY OWNER**

**SIGNATURE OF APPLICANT**

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

.....

### City of Newport Use Only

In compliance, approved     Approved with conditions     Non-compliance, denied

Conditions/Notes: \_\_\_\_\_

Effective date & expiration of permit: \_\_\_\_\_

Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_