



**City of Richland  
CUSTOMER SERVICE**

505 Swift Boulevard  
Richland, WA 99352  
(509) 942-1104  
Fax: (509) 942-7779  
CustomerService@ci.richland.wa.us

**Temporary Business License Application**

**Applicant Information**

Applicant/Organization Name: \_\_\_\_\_

Corporation     LLC/LLP     Partnership     Sole-Proprietor     Other: \_\_\_\_\_

UBI # \_\_\_\_\_ Washington State Business License # (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_

Do you plan to have vendors? (If yes, please complete vendor list attached):  YES     NO

**Event Information**

Event Name: \_\_\_\_\_ Date(s) of Event: \_\_\_\_\_

Event Location/Address: \_\_\_\_\_

Event Activity (describe fully how the business operates and/or the nature of the goods to be sold): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Person Name & Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\* Itinerant Merchant: Please submit the following with the application:

- Written permission from Richland property owner on which this business will be located.

- Copy of \$500,000 public liability and property damage insurance, which shall include product liability coverage, naming the City as an additional insured.

\*\* Trade Show/Promotional Event: Please fill out the list of all vendors and submit with the application (form attached).

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only**

1) **Panning**    Zone: \_\_\_\_\_ Census Tract \_\_\_\_\_ Block \_\_\_\_\_ Home Occupation  Yes  No  
Zoning Compliant:  Approved  No    Initials: \_\_\_\_\_ Date: \_\_\_\_\_ Comments: \_\_\_\_\_

2) **Building Inspector**     Approved  No    Initials: \_\_\_\_\_ Date: \_\_\_\_\_ Comments: \_\_\_\_\_

3) **Fire**    Approved    No    Initials: \_\_\_\_\_ Date: \_\_\_\_\_ Comments: \_\_\_\_\_

4) **Police**    Approved    No    Initials: \_\_\_\_\_ Date: \_\_\_\_\_ Comments: \_\_\_\_\_

Fee: \$ \_\_\_\_\_ License #: \_\_\_\_\_ Accepted By: \_\_\_\_\_

Additional Notes: \_\_\_\_\_ Date: \_\_\_\_\_



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Event Name: \_\_\_\_\_

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

Total Number of Vendors to be at event: \_\_\_\_\_

**Event Vendor List**

Please list all vendors participating in the event and whether or not they have a current City of Richland license. Attach additional pages if necessary.

Vendor Name	Contact Person	Business Address	City License (Yes/No)?	Non-Profit (Yes/No)?
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____
6	_____	_____	_____	_____
7	_____	_____	_____	_____
8	_____	_____	_____	_____
9	_____	_____	_____	_____
10	_____	_____	_____	_____
11	_____	_____	_____	_____
12	_____	_____	_____	_____
13	_____	_____	_____	_____
14	_____	_____	_____	_____
15	_____	_____	_____	_____
16	_____	_____	_____	_____
17	_____	_____	_____	_____
18	_____	_____	_____	_____
19	_____	_____	_____	_____
20	_____	_____	_____	_____
21	_____	_____	_____	_____
22	_____	_____	_____	_____
23	_____	_____	_____	_____
24	_____	_____	_____	_____
25	_____	_____	_____	_____