



CITY OF MOSES LAKE BUSINESS LICENSE APPLICATION TEMPORARY LOCATIONS

401 S Balsam Street - P.O. Drawer 1579 Moses Lake, WA 98837

(509) 764-3803 Email: bsypert@cityofml.com

1	Company Name:			Requested Start Date:	
2	Use only if different than the company name DBA:			UBI #:	
3	Business Owner:			Email:	
4	Business Phone #:	Cell #:			Alt Phone #:
5	Vending Location:	City:	State:	Zip:	
6	Mailing Address:	City:	State:	Zip:	
7	Product Description:				
8	<u>REVOCATION OF LICENSE</u> Any license pursuant to this chapter may be revoked, in writing, by the Finance Director for any of the following: Please initial each item _____ Any fraud, misrepresentation, of false statement contained in the application for license _____ Any fraud, misrepresentation or false statement in connection with the selling of products _____ Any violation of this chapter (MLMC 5.06) _____ Conducting the business licensed under this chapter in an unlawful manner or in such a manner as to constitute a breach of the peace or to constitute a menace to the health, safety, or general welfare of the public				
9	<u>ACKNOWLEDGEMENT</u> I certify that the information I have provided to the city is correct. I agree to comply with all federal, state, county and city laws applicable to the establishment, construction, operation, and maintenance of the use herein identified. I further agree to replace or repair to current community street and utility standards any damage to city streets and/or utilities resulting from the establishment, construction, operation, or maintenance of the use herein identified. I certify that I have received a copy of the MLMC 5.06, that I understand the requirements of the chapter, and that the use herein identified will be established, operated, and maintained in compliance with those regulations. Signature: _____ Date: _____ Print Name: _____ Title: _____				
10	<u>Application must be submitted with the following:</u>		<u>For Staff Use Only</u> Application Fee: \$25 per Quarter (3 months) # of Quarters: _____ Total: \$ _____ Received BY: _____ Date Received: _____		
	<input type="radio"/> Written permission from the Property owner for applicant to conduct business on the selected parcel. <input type="radio"/> Site Plan showing where the conveyance will be located as it pertains to exits and existing structures. <input type="radio"/> Proof of permitting of conveyance through the Dept. of Labor & Industries if applicable.				