CITY OF PULLMAN
WASHINGTON
260 SE Kamiaken St., Pullman, WA 99163-2664

Police Department
Gary Jenkins, Chief of Police
Police Business (509) 334-0802
Police Fax (509) 332-0829
www.pullman-wa.gov/departments/police

ITINERANT VENDOR BUSINESS REGISTRATION

Pullman City Code, Chapter 8.95

Applicants registering with the City of Pullman for the purpose of itinerant business shall file with the Chief of Police a sworn application in writing as well as provide sufficient proof of identification such as a current Drivers License, Passport, Military I.D., or State issued I.D. card. A photograph of each applicant will also be taken and attached to the name record for identification purposes. Misrepresentation or false statement could result in your application being denied or revoked, and monies collected will not be refunded.

Itinerant Vendor Business Registration expires after 90 days. Registration fee is non-refundable.
☐ **Registration Fee = $15.00 (due at time of application)**

APPLICANT INFORMATION

Last Name:_____ First:_____ Middle:_____

List any other names by which you have been known (i.e. Maiden Name):_____

Date of Birth:_____ Place of Birth (City & State):_____

Physical Identifiers:

Gender	Race	Eye Color	Hair Color	Height	Weight
☐ Male ☐ Female	☐ American Indian/Alaskan Native ☐ Asian/Pacific Islander ☐ Black ☐ Hispanic ☐ White ☐ Other	☐ Amber ☐ Gray ☐ Black ☐ Green ☐ Blue ☐ Hazel ☐ Brown ☐ Other	☐ Bald ☐ Gray ☐ Black ☐ Red ☐ Blonde ☐ Silver ☐ Brown ☐ White	_____ feet _____ inches	_____ lbs.

Drivers License/Identification #:_____ State of Issue:_____

Physical Address (where you reside):_____

City:_____ State:_____ Zip:_____

Mailing Address:_____

City:_____ State:_____ Zip:_____

Phones Numbers: Home:_____ Cell:_____ Work:_____

Local address where you can be contacted (i.e. hotel):_____

City:_____ State:_____ Zip:_____ Phone:_____

CONVICTION INFORMATION:

Have you ever been convicted of any crime within the last ten (10) years, including misdemeanors, gross misdemeanors, or criminal violation of any municipal ordinance? ☐ Yes ☐ No

If yes, state the nature of the offense(s) and the punishment or penalty assessed thereof:_____

_____

_____

_____

BUSINESS/EMPLOYER INFORMATION

Business Name:_____

Business Address:_____

City:_____ State:_____ Zip:_____

Business Phones Number:_____ Business Fax:_____

Email address (optional):_____

Your Title: ☐ Owner ☐ Co-Owner ☐ Manager ☐ Employee ☐ Other:_____

Nature of business and the goods/services to be sold:_____

_____

Anticipated period of time, not to exceed 90 days, during which business will be conducted (i.e. dates):

_____

BUSINESS VEHICLE INFORMATION

If applicable, list information for all vehicles to be utilized to conduct business within the City of Pullman. Please attach additional sheets as necessary.

VEHICLE #1:

Year: _____ Make: _____ Model: _____

Color: _____ License Plate #: _____ State of Issue: _____

Other pertinent information (i.e. "used to transport employees" or "licensed food vending vehicle"):_____

_____

VEHICLE #2:

Year: _____ Make: _____ Model: _____

Color: _____ License Plate #: _____ State of Issue: _____

Other pertinent information (i.e. "used to transport employees" or "licensed food vending vehicle"):_____

_____

VEHICLE #3:

Year: _____ Make: _____ Model: _____

Color: _____ License Plate #: _____ State of Issue: _____

Other pertinent information (i.e. "used to transport employees" or "licensed food vending vehicle"):_____

_____

PERJURY STATEMENT

I certify and declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Applicant Signature:_____ Date:_____

PROPERTY OWNER AUTHORIZATION TO USE PARCEL

PROPERTY OWNER INFORMATION:

Last Name:_____ First:_____ Middle:_____

Physical Address (where you reside):_____

City:_____ State:_____ Zip:_____

Mailing Address:_____

City:_____ State:_____ Zip:_____

Phones Number: Home:_____ Cell:_____ Work:_____

AUTHORIZATION STATEMENT:

I, _____, hereby authorize _____,
Property Owner Name Applicant Name

to use my parcel and/or property located at _____
Address or Description of Location

for the purposes described in this document for a period not to exceed ninety (90) days.

Property Owner Signature:_____ Date:_____

SITE PLAN

In the space provided below, please include a site plan showing the location of nearest driveway, public right-of-ways, and fire hydrant(s). If you would prefer to attach maps and/or drawings requiring more space, please indicate "see attached" in the space below.

ADDITIONAL EMPLOYEE LIST
List complete information for all employees who will be working in the City of Pullman for the purposes of this business. Please attach additional sheets as necessary.

EMPLOYEE #1:

Last Name:_____ First:_____ Middle:_____

List any other names by which you have been known (i.e. Maiden Name):_____

Date of Birth:_____ Place of Birth (City & State):_____

Gender:_____ Race:_____ Height:_____ Weight:_____ Eye:_____ Hair:_____

Drivers License/Identification #:_____ State of Issue:_____

Physical Address (where you reside):_____

City:_____ State:_____ Zip:_____

Phones Numbers: Home:_____ Cell:_____ Work:_____

Local address where you can be contacted (i.e. hotel):_____

City:_____ State:_____ Zip:_____ Phone:_____

EMPLOYEE #2:

Last Name:_____ First:_____ Middle:_____

List any other names by which you have been known (i.e. Maiden Name):_____

Date of Birth:_____ Place of Birth (City & State):_____

Gender:_____ Race:_____ Height:_____ Weight:_____ Eye:_____ Hair:_____

Drivers License/Identification #:_____ State of Issue:_____

Physical Address (where you reside):_____

City:_____ State:_____ Zip:_____

Phones Numbers: Home:_____ Cell:_____ Work:_____

Local address where you can be contacted (i.e. hotel):_____

City:_____ State:_____ Zip:_____ Phone:_____

Make checks payable to: **City of Pullman**

Please send payment with completed form to:

Pullman Police Department
ATTN: Penni Reavis
260 SE Kamiaken St.
Pullman, WA 99163