



**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.*

**Non-refundable registration fee due upon submission of this application (Pullman City Council Resolution R-76-13). Itinerant Vendor Business Registration expires after 90 days.**

**Registration Fee = \$35.00 (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
<input type="checkbox"/> Male	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Amber <input type="checkbox"/> Gray <input type="checkbox"/> Black <input type="checkbox"/> Green <input type="checkbox"/> Blue <input type="checkbox"/> Hazel <input type="checkbox"/> Brown <input type="checkbox"/> Other	<input type="checkbox"/> Bald <input type="checkbox"/> Gray <input type="checkbox"/> Black <input type="checkbox"/> Red <input type="checkbox"/> Blonde <input type="checkbox"/> Silver <input type="checkbox"/> Brown <input type="checkbox"/> White	_____ feet _____ inches	_____ lbs.
<input type="checkbox"/> Female	<input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Other				

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: Itinerant Vendor Registration  
260 SE Kamiaken St.  
Pullman, WA 99163**