



# TRANSIENT MERCHANT LICENSE APPLICATION

(As Required Under Sisters Municipal Code Section 5.24)

**City of Sisters**  
520 E. Cascade Ave.  
P.O. Box 39  
Sisters, OR 97759  
www.ci.sisters.or.us

CITY LICENSE #

NAME OF BUSINESS/ORGANIZATION: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

RESPONSIBLE PARTY NAME: \_\_\_\_\_ CELL #: \_\_\_\_\_

RESIDENCE ADDRESS: \_\_\_\_\_

NATURE/PURPOSE OF BUSINESS TO BE CONDUCTED: \_\_\_\_\_

VENDOR LOCATION and ADDRESS: \_\_\_\_\_

Will vendor booth be set up in a parking area? Yes \_\_\_ No \_\_\_

Will the business be solicited door to door? Yes \_\_\_ No \_\_\_

Is the application for a non-profit organization? Yes \_\_\_ No \_\_\_ Fed Tax ID# \_\_\_\_\_

Have you been convicted of any crime involving unlawful trade practices, fraud, or moral turpitude within the last five years? Yes \_\_\_ No \_\_\_ If yes, state nature of offense and penalty \_\_\_\_\_

**The location of the merchant/vendor must be in the city limits of Sisters and written permission from the property owner must be indicated on this application. If this is an application for door to door solicitation, names and addresses of the solicitors, officers and directors of the organization must be attached as well as whether any commission, fees, wages, or emoluments are to be expended in connection with such solicitation and the amount thereof. The City reserves the right to refuse sale of certain items.**

NAME OF PROPERTY OWNER: \_\_\_\_\_ OWNER PHONE: \_\_\_\_\_

SIGNATURE OF PROPERTY OWNER: \_\_\_\_\_ DATE: \_\_\_\_\_

*(By signing I hereby give permission for this vendor to locate on my property at the address & dates shown. I understand that I am responsible for compliance with Sisters Municipal Code Section 5.24)*

DATES AT LOCATION: \_\_\_\_\_ TIME AT LOCATION: \_\_\_\_\_

NAME OF EVENT: \_\_\_\_\_

LICENSE FEE \$100 PER DAY\*: Number of Days \_\_\_\_\_ X \$100/day = \_\_\_\_\_

*\*To request a waiver of fees: Submit with this application a written statement explaining how the nature of the business to be conducted will substantially benefit the City of Sisters.*

**SET UP, LOCATION AND TAKEDOWN REQUIREMENTS:**

- Set up will take place after 7:00AM on the first day of operation
- Take down will be no later than 7:00PM on the last day of operation
- Vendor will setback a minimum 5 ft from the property line adjacent to the city right of way
- Your Transient Vendor License and all necessary permits shall be visible at all times during operation

**Any violation will result in the removal of the vendor from the location and denial of future permits.**

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Describe the type of structure or setup to be used during operation and the type and number of signs:

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Use the space in the box below to create a site drawing of how the operations will be set up on the event day you've applied for. Additional pages may be stapled to the submitted application if necessary.

I, \_\_\_\_\_, as a transient merchant within the city limits of Sisters, Oregon, do hereby agree to comply with all provisions of all ordinances. I hereby understand that prior to issuance of said transient vendor license, the application shall be reviewed as necessary by the City of Sisters Finance Department and Community Development Department, and within a period not to exceed 10 working days, a license shall be issued.

I hereby affirm that the above information is true to the best of my knowledge.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2009    Signature of Applicant \_\_\_\_\_

**Please complete this form, sign, and mail with your check and permission to: City of Sisters, P.O. Box 39, Sisters, OR 97759**

Official Use Only:

Date Paid: \_\_\_\_\_    Rec'd by: \_\_\_\_\_    Receipt#: \_\_\_\_\_    Amount Rec'd: \_\_\_\_\_

PW Approval: \_\_\_\_\_    CDD Approval: \_\_\_\_\_    License#: \_\_\_\_\_    Issued: \_\_\_\_\_

Fee's Waived: \_\_\_\_\_    City Mgr Approval: \_\_\_\_\_    Local Sheriff Notification sent: \_\_\_\_\_