



**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

NAME OF BUSINESS/ORGANIZATION: _____

CITY LICENSE #

BUSINESS ADDRESS: _____ PHONE: _____

RESPONSIBLE PARTY NAME: _____ CELL #: _____

RESIDENCE ADDRESS: _____ E-MAIL ADDRESS: _____

NATURE/PURPOSE OF BUSINESS TO BE CONDUCTED: _____

VENDOR LOCATION and ADDRESS: _____

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

**Is the application for a non-profit organization? Yes ___ No ___ Fed Tax ID# _____*

***Is the application for an existing Sister's business license holder: Yes ___ No ___ License # _____*

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. Licenses are limited to a 3 consecutive day period, 6 times per calendar year on the same property.
The City reserves the right to refuse sale of certain items.**

NAME OF PROPERTY OWNER/ENTITY: _____ 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 = _____

*NON-PROFIT LICENSE FEE \$25 PER DAY: Number of Days _____ X \$25/day = _____

**SISTER'S BUSINESS LICENSE HOLDER FEE \$0 PER DAY: Number of Days _____

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
- Vendor shall not locate on or within 100 ft of Cascade Ave between Pine and Locust St.
- 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.

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

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 _____, 2016 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: _____

Local Sheriff Notification sent: _____