

# Transient Merchant License Application

520 E. Cascade Avenue | PO Box 39 - Sisters, Or 97759 | ph. (541) 549-6022 | [www.ci.sisters.or.us](http://www.ci.sisters.or.us)



CITY LICENSE #

NAME OF BUSINESS/ORGANIZATION

BUSINESS ADDRESS

BUSINESS NUMBER

RESPONSIBLE PARTY NAME

CELL NUMBER

NATURE/PURPOSE OF BUSINESS TO BE CONDUCTED:

MERCHANT LOCATION and ADDRESS:

Are you an existing Sister's business license holder with a permanent location within City limits? 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 transient merchant 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 NUMBER

SIGNATURE OF PROPERTY OWNER

DATE

By signing I hereby give permission for this merchant to locate on my property at the address & dates shown. I understand that I am responsible for compliance with Sisters Municipal Code Section 5.35

DATES AT LOCATION

Application must be submitted 30 days prior to first day of conducting business

**LICENSE FEE \$100.00**

Number of Days at location \_\_\_\_\_

Revised 02/2020

**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 9:00PM 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 126ft 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 transient merchant 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:

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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 confirm that I have obtained (or will obtain) all applicable federal, state, and/or local licenses, certificates, registrations, and/or permits required to operate my business.

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

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**INSURANCE WAIVER**

Applicant has obtained and submitted Liability Insurance in the amount and for the purpose required by the City of Sisters. Certification of Insurance is attached. Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Office Use Only**

_____ <i>Date</i>	_____ <i>Rec'd by</i>	_____ <i>Receipt #</i>	_____ <i>Amount Rec'd</i>
_____ <i>PW Approval</i>	_____ <i>CDD Approval</i>	_____ <i>License #</i>	_____ <i>Issued</i>
_____ <i>Local Sheriff Notification Sent</i>			