

**MOBILE VENDOR LICENSE APPLICATION
CITY OF WESTPORT
P.O. BOX 505
WESTPORT, WA 98595
PHONE: (360) 268-0131 FAX: (360) 268-0921**

BUSINESS NAME _____

TYPE OF BUSINESS _____

OWNERS NAME _____ PHONE _____

OWNERS DRIVERS LICENSE NUMBER _____

OWNERS ADDRESS (MAILING) _____

VENDOR LOCATION (PHYSICAL) _____

(Written permission by the property owner is required prior to issuing license.)

PROPERTY OWNER _____

FEDERAL ID NUMBER _____ STATE UBI NUMBER _____

STATE LICENSE NUMBER _____

VENDORS ONLY (INCLUDING SEAFOOD VENDORS): LOCATION _____

ANNUAL VENDING LICENSE FEE - \$300.00 THE FIRST YEAR, \$250.00 FOR ANNUAL RENEWAL.

I hereby understand that purchasing a business license to operate a business inside the city limits of Westport is on a yearly basis and obligates me to pay quarterly Excise Tax (Business & Occupation). Rates are as follows:

- a) Service and all other Retailing: .005 of gross income for the quarter.
- b) Wholesale Manufacturing: .0025 of gross income for the quarter.
- c) Wholesale Distributor: No quarterly excise tax reports are required.
- d) Quarterly statements must be signed and returned regardless of income earned for each quarter. Please review your excise tax statement penalty section for additional information.

I also verify that the information concerning my business is factual and I also understand that if I change business type in any way at the same location, I will notify the City at once. Let it be known, that if you have falsely represented your business in any way, or are operating in a zone restricting your business type, your license will be promptly revoked.

Applicant Signature: _____ Date: _____

Code Enforcement Official use only:	
Zoning Requirements _____	Approved _____ Denied _____
(Reason If Denied) _____	

Code Enforcement Official (Signature) _____	