



CITY OF NEWPORT, WASHINGTON

**TEMPORARY BUSINESS USE
PERMIT APPLICATION**

(Not applicable to pre-calendared events)

Company Name: _____ Applicant Name: _____

Contact Person/Employee: _____ Business Phone #: _____

Cell Phone or Alternate #: _____

Mailing Address: _____ Physical Address: _____

Applicant's Drivers License: _____ WA State Tax UBI#: _____

Proposed location: _____

Property Owner Name and Phone #: _____

NE Tri-County Health Food Service Permit # (if applicable): _____

I will be selling: _____

Hours of operation: _____ Dates of Operation: _____

\$20 monthly, or \$40 for six months which is max

My structure is: _____ Size of space to operate: _____

Please attach a diagram of the proposed site layout (site plan) including ingress and egress if any, parking, and/or location of proposed facilities (carts, trailers, seating, garbage receptacles, etc.)

SIGNATURE OF PROPERTY OWNER

SIGNATURE OF APPLICANT

Date: _____

Date: _____

City of Newport Use Only

In compliance, approved Approved with conditions Non-compliance, denied

Conditions/Notes: _____

Effective date & expiration of permit: _____

Approval Signature: _____ Date: _____

200 S. Washington Avenue • Newport, Washington 99156-9670

(509) 447-5611 • Fax (509) 447-2259

Equal Opportunity Employer