



City of Port Orchard
 216 Prospect Street, Port Orchard, WA 98366
 (360) 876-4407 • FAX (360) 895-9029

MASTER EVENT VENDOR LICENSE APPLICATION
 (Port Orchard Municipal Code. 5.96)

A Master Event is required for any event involving ten or more vendors engaged in public property vending in a common location and/or under a common theme.

LICENSE FEE: \$15.00 per day or \$200.00 per month

Name of Event: _____

Name of Sponsor: _____
(name of person, business or organization submitting application)

Phone No.: _____ Emergency Phone No.: _____

Address: _____
Street City State Zip Code

State Sales Tax Number: _____ State Non Profit I.D. Number: _____

City Business License Number: _____ Anticipated Number of Vendors _____

Date(s) and Time of Event (Inclusive): _____
(Attached Additional Sheet If Necessary)

Type of Event: _____

Will this event require closure of a public street, parking Lot and/or sidewalk; if yes an application for a Public Event Application must be submitted to the Clerk's office for City Council Approval: Yes No

A list of all vendors participating in the master event must be submitted to the City Clerk's Office within three days after the each day of a master event. This list shall contain the name, address and state sales tax revenue number of each vendor. No state sales tax revenue number is required for tax exempt vendors.

Describe proposed location of event (attach map with area highlighted): _____

No public vending is allowed within twenty-five (25) feet of any municipal building, monument or fountain OR within ten (10) feet of intersecting sidewalks.

Is this location accessible for the disabled? ___ Yes ___ No If no, what accommodations will be provided to make location reasonably accessible: _____

I the undersigned do certify that I have received and read Ordinance No. 1567 and (we) (I) do hereby agree to abide by rules and regulations established which govern Public Property Vending and Master Events within the City of Port Orchard.

SIGNATURE OF APPLICANT: _____ Date: _____

NOTE: This section to be completed by City staff after application is submitted to the City Clerk.

Date Application Received: _____ Date Public Event Application Approved: _____

Date Received Payment: _____ Receipt No.: _____

LICENSE FEE: (maximum duration is 90 continuous calendar days or 3 months)

_____ No. of day(s) at \$15 per day Total Due: _____

or

_____ No. of month(s) at \$200 per month Total Due: _____

Approved By _____
Patricia J. Kirkpatrick, City Clerk or designee

PUBLIC EVENT: APPROVE DISAPPROVE DATE OF DECISION: _____

CONDITIONS: _____

