

*City of Cle Elum*  
119 West First Street  
Cle Elum, WA 98922



Telephone: (509) 674-2262  
Fax: (509) 674-4097  
www.cityofcleelum.com

## VENDOR / BOOTH LICENSE APPLICATION

### OWNER INFORMATION:

Owner Name: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing Address: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Information: Daytime Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

### BUSINESS INFORMATION:

Business Name: \_\_\_\_\_ License No. \_\_\_\_\_

Mailing Address: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Information: Business Phone \_\_\_\_\_

Fax \_\_\_\_\_

Web-Site \_\_\_\_\_

Type of Business: Sole Proprietor  Association  Partnership  Corporation

Corporation, Incorporated under what State: \_\_\_\_\_

Description of Business: \_\_\_\_\_

UBI No.: \_\_\_\_\_ WA State Sales Tax No.: \_\_\_\_\_

Number of Employees: \_\_\_\_\_ Vehicle License No.: \_\_\_\_\_

I certify under penalty of perjury that the information above is correct to my best knowledge.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

### FEES:

Vendor / Booth License: 1-Day (\$15.00)  Annual (\$35.00)

Vendor / Booth License: 2 or 3-Days (\$25.00)