



CITY OF TROUTDALE

104 SE Kibling Avenue, Troutdale, OR 97060 (503) 665-5175

TEMPORARY PARK VENDOR LICENSE APPLICATION

PLEASE PRINT CLEARLY

TEMPORARY VENDOR LICENSE NUMBER -

Vendor Name _____ Phone _____

Vendor Type _____ Contact Person _____

Vendor Address (no P.O. boxes) _____ City, State, Zip _____

Mailing Address (if different) _____ City, State, Zip _____

Email Address _____ Fax Number _____

Name of Community Event _____ Name of City Park _____

I hereby certify that the information contained herein is true to the best of my knowledge. I agree and understand that the City of Troutdale, in evaluating this application, may review my criminal history and the criminal history of any employee who is going to work for the business, which is the subject of this license. I agree to abide by all applicable codes and ordinances of the City of Troutdale and to correct any hazards or violations as they may pertain to the above business.

➡➡➡ SIGNATURE: _____ DATE: _____

CITY OF TROUTDALE

104 SE KIBLING AVENUE * TROUTDALE, OREGON 97060-2099 * (503) 665-5175



TEMPORARY PARK VENDOR LICENSE

NO. _____

DATE ISSUED: _____

NAME/COMPANY: _____

ADDRESS: _____

IS HEREBY LICENSED AS A TEMPORARY VENDOR

Beginning _____ through _____

at _____ Park

Community Development Director

Please display this license at your location during the event.