

City of Florence

Master Vendor Application

(Required in Addition to Business License Application)

City Hall ~ 250 Hwy 101, Florence, OR 97439 (541) 997-3437 – www.ci.florence.or.us

Property Owner Information

| | 1 Toperty Off | |
|---|---------------|---|
| Name: | | |
| Mailing Address: | | City, State, Zip: |
| Phone: | | Email: |
| | | |
| Please answer the following questions | | |
| Please describe the da | ate(s) and | |
| hour(s) of operation: | -1 -1- \ | |
| (i.e. Fri-Sun from June to Augu | · ' | |
| A master vendor license may not be used for more than 7 consecutive calendar days, nor more than 90 individual days in a calendar year. | | |
| Please describe water utilities that | | |
| will be used: | | |
| (i.e. water, restroom facilities, electricity, etc.) | | |
| | | |
| | | |
| | | |
| Please describe the manner and | | |
| method of waste and/or trash | | |
| disposal: | or trasii | |
| uisposai. | | |
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| Additional Information Populard | | |
| Additional Information Required | | |
| Below is a check list of the required information for the City of Florence to complete the review of your application: | | |
| Site Plan or other drawing indicating: | | Written permission from property owner if different |
| Exact location for business including spaces and dimensions for individual vendors | | than applicant. |
| Number of parking spaces allotted for business | | |
| activity | | |
| Vehicular and Pedestrian Traffic Flow | | |
| • | | |
| I certify that the above information is correct. | | |
| I certify that I will contact the City of Florence should any of the information listed above change. | | |
| I acknowledge that Florence City Code allows master vendors on a temporary limited basis. | | |
| I acknowledge that I will personally submit a fully completed vendor application for each and all participating vendors at | | |
| least two weeks before they conduct business under the master license. | | |

Name of Applicant Date:
Applicant: Signature:

activities of the vendors housed under this master vendor license.

I acknowledge that I will be the primary contact person for the business activity and will assume responsibility for all