

## City of Florence

## **Peddler/Transient Merchant 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**

	·					
Mailing Address:		City, State, Zip	City, State, Zip:			
Phone:		Email:				
	Please answer the	following que	estions			
Dates of Operation:	From:	<u> </u>	То:			
Hours of Operation:	From:		To:			
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:						
	Additional Info	mation Req	uired			
Below is a check list of the require	ed information for the (	City of Florence	to complete the review of your application:			
<ul> <li>Site Plan or other drawing indicating:</li> <li>Exact location for business</li> <li>Number of parking spaces allotted for business activity</li> <li>Vehicular and Pedestrian Traffic Flow</li> </ul>		Written permission from property owner if different than applicant.				

• I acknowledge that I will reapply for a City of Florence peddler / transient merchant license should I wish to continue my business operation past the license end date.

Name of	Applicant	Date:	
Applicant:	Signature:		