



*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

|                  |  |                   |  |
|------------------|--|-------------------|--|
| Name:            |  |                   |  |
| Mailing Address: |  | City, State, Zip: |  |
| Phone:           |  | Email:            |  |

## Please answer the following questions

|   |  |
|---|--|
| Please describe the date(s) and hour(s) of operation:<br>(i.e. Fri-Sun from June to August, etc.):  |  |
| <b><i>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.</i></b> |  |
| Please describe water utilities that will be used:<br>(i.e. water, restroom facilities, electricity, etc.)  |  |
| Please describe the manner and method of waste and/or trash disposal:   |  |

## Additional Information Required

|  |  |
|--|--|
| Below is a check list of the required information for the City of Florence to complete the review of your application:   |  |
| <input type="checkbox"/> Site Plan or other drawing indicating: <ul style="list-style-type: none"> <li>• Exact location for business including spaces and dimensions for individual vendors</li> <li>• Number of parking spaces allotted for business activity</li> <li>• Vehicular and Pedestrian Traffic Flow</li> </ul> | <input type="checkbox"/> Written permission from property owner if different than applicant. |

- 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.
- I acknowledge that I will be the primary contact person for the business activity and will assume responsibility for all activities of the vendors housed under this master vendor license.

|                    |  |                      |  |       |  |
|--------------------|--|----------------------|--|-------|--|
| Name of Applicant: |  | Applicant Signature: |  | Date: |  |
|--------------------|--|----------------------|--|-------|--|

**\*\* ALL FEES ARE NON-REFUNDABLE\*\***