



Itinerant Business Application Resolution No. 1033

PO Box 458 * Veneta, OR 97487 * 541-935-2191 * Fax 541-935-1838 * www.venetaoregon.gov

Business Name:	Phone:
-----------------------	---------------

Street Address:

Mailing Address (required if different than street address – include zip code):

TYPE OF BUSINESS (PRODUCTS AND/OR SERVICE PROVIDED)

Information for vehicle used for this business (use supplemental form if more than two vehicle(s) are being used)

ATTACH PROOF OF INSURANCE FOR EACH VEHICLE

#1	Year:	Make:	Model:	Color:
-----------	--------------	--------------	---------------	---------------

Name of Operator:	Driver's License Number & State:
--------------------------	---

Insurance Company:	Policy Number:
---------------------------	-----------------------

# 2	Year:	Make:	Model:	Color:
------------	--------------	--------------	---------------	---------------

Name of Operator:	Driver's License Number & State:
--------------------------	---

Insurance Company:	Policy Number:
---------------------------	-----------------------

Complete information for all employees soliciting for this Business (use supplemental form if more than two solicitors will be conducting business within the City limits of Veneta)

PHOTO IDENTIFICATION IS REQUIRED

#1 Check the applicable box: Owner Employee

Name: _____ **Date of Birth:** _____

Address: _____

Phone: () _____ **Cell Phone:** () _____

#2 Check the applicable box: Owner Employee

Name: _____ **Date of Birth:** _____

Address: _____

Phone: () _____ **Cell Phone:** () _____

Location where goods or property proposed to be sold are manufactured or produced (be specific):

Street Address where goods or property proposed to be sold are currently located:

Proposed method goods or property sold will be delivered:

By signing this application, the applicant is acknowledging and agreeing to the following:

- ***I understand all owners/employees of this business must keep a copy the business registration on their person.***
- ***This business is in compliance with all local, county, state, and federal laws.***
- ***I understand this business is limited to operating between the hours of 9:00 a.m. and 7:00 p.m.***
- ***I understand I am prohibited from entering upon private property that has been posted “no trespassing” or “no soliciting”.***
- ***I understand I am prohibited from continuing to solicit to a person who has declined a request.***
- ***I understand I may not obstruct traffic along any sidewalk, bike path, or street unless written approval is granted by the City.***
- ***I understand this business registration is non-transferable.***

Name of Applicant:

Signature of Applicant:

Date:

Number of
Employees

Fee based on
Employees

\$50.00 for 1st 2
\$5.00 for ea.
Additional

Receipt
Number

Date Issued

Expiration Date

See Resolution No. 1033 for any Additional Information

Itinerant Business Application – Additional Employees

Name of Business:

Photo ID is required for all employees listed below

#3 Check the applicable box: [] Owner [] Employee

Name: _____ Date of Birth: _____

Address: _____

Phone: () _____ Cell Phone: () _____

#4 Check the applicable box: [] Owner [] Employee

Name: _____ Date of Birth: _____

Address: _____

Phone: () _____ Cell Phone: () _____

#5 Check the applicable box: [] Owner [] Employee

Name: _____ Date of Birth: _____

Address: _____

Phone: () _____ Cell Phone: () _____

#6 Check the applicable box: [] Owner [] Employee

Name: _____ Date of Birth: _____

Address: _____

Phone: () _____ Cell Phone: () _____

#7 Check the applicable box: [] Owner [] Employee

Name: _____ Date of Birth: _____

Address: _____

Phone: () _____ Cell Phone: () _____

#8 Check the applicable box: [] Owner [] Employee

Name: _____ Date of Birth: _____

Address: _____

Phone: () _____ Cell Phone: () _____

Name of Business:**Proof of Insurance is REQUIRED for all vehicles listed below:**

#3	Year:	Make:	Model:	Color:
-----------	-------	-------	--------	--------

Name of Operator:	Driver's License Number & State:
-------------------	----------------------------------

Insurance Company:	Policy Number:
--------------------	----------------

#4	Year:	Make:	Model:	Color:
-----------	-------	-------	--------	--------

Name of Operator:	Driver's License Number & State:
-------------------	----------------------------------

Insurance Company:	Policy Number:
--------------------	----------------

#5	Year:	Make:	Model:	Color:
-----------	-------	-------	--------	--------

Name of Operator:	Driver's License Number & State:
-------------------	----------------------------------

Insurance Company:	Policy Number:
--------------------	----------------

#6	Year:	Make:	Model:	Color:
-----------	-------	-------	--------	--------

Name of Operator:	Driver's License Number & State:
-------------------	----------------------------------

Insurance Company:	Policy Number:
--------------------	----------------

#7	Year:	Make:	Model:	Color:
-----------	-------	-------	--------	--------

Name of Operator:	Driver's License Number & State:
-------------------	----------------------------------

Insurance Company:	Policy Number:
--------------------	----------------

#8	Year:	Make:	Model:	Color:
-----------	-------	-------	--------	--------

Name of Operator:	Driver's License Number & State:
-------------------	----------------------------------

Insurance Company:	Policy Number:
--------------------	----------------