City of Mt. Angel

P.O. Box 960 / 5 N. Garfield Street, Mt. Angel, OR 97362
Phone (503) 845-9291 Fax (503) 845-6261

Transient Merchant Permit Application

Applicant Name: _____

Mailing Address: _____

Phone No.: _____ (Home/Cell) _____ (Work/Cell)

Business/Organization Name: _____

Proposed Business Location: _____

Business Partners/Proprietors:

_____ _____
Last First Last First

_____ _____
Last First Last First

Please attach the following to this application:

- ☐ Completed and signed Authorization to Conduct Background Investigation for all persons listed on this application.
- ☐ Copies of any permits, certificates, food handlers license, or registrations that are required by County, State or Federal Laws.
- ☐ Proof of compliance with all applicable building codes
- ☐ Signed letter of authorization from the property owner, or copy of lease agreement
- ☐ Site plan clearly showing parking spaces, driving lanes, utility poles, nearby structures and sidewalks

Please attach additional pages if necessary for the following questions:

1. Describe the business, including what is proposed to be sold, dates and hours the business will be conducted, and any other information that will help the City in reviewing this application:

_____

_____

_____

_____

2. Have any persons on this application been convicted of a crime (*misdemeanor or felony*)? Yes or No. If yes, list the name(s) of the person involved and the nature of the offense(s):

_____

_____

_____

3. Describe the manner in which public water will be provided: _____

4. Describe the manner in which grey water will be disposed:

_____

5. Bathroom facilities must be provided for employees. Describe the arrangements or provisions that will be made to satisfy this requirement:

_____

_____

_____

6. What is the zoning designation of the location (residential, commercial, etc) and is the proposed business use consistent with this zone? _____

I understand that nothing contained in the Transient Merchant Ordinance No. 668 may be construed as vesting any right in a permit or contract obligation on part of the City. I have read the Ordinance and Resolution 817 and understand all of the terms.

_____ _____

Signature of Applicant Date

FOR OFFICE USE ONLY

Date application and fees received: _____ Fee amount: _____ By: _____

_____ Approved / Denied

Police Chief

_____ Approved / Denied

Public Works Superintendent

_____ Approved / Denied

City Manager

City of Mt. Angel

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Authorization to Conduct Background Check

As an applicant for a Transient Merchant Permit under Ordinance 668, I authorize the City of Mt. Angel to conduct a background check on me.

CONFIDENTIAL INFORMATION - NOT AVAILABLE FOR PUBLIC INSPECTION

Name: _____

Address: _____

Daytime Phone No.: _____ Date of Birth: _____/_____/_____

Driver's License No.: _____ State: _____

_____ _____
Signature of Applicant Date

The City of Mt. Angel is an Equal Opportunity Employer and Provider.