

## SPECIAL LICENSES APPLICATION

US Mail: City of Vancouver Business Licensing, PO Box 8995, Vancouver, WA 98668-8995 Drop Off: City Hall, 1st Floor, Customer Service Desk, 415 W 6th Street, Vancouver WA 98660

SPECIAL LICENSE QUESTIONS: EMAIL: business.licenses@cityofvancouver.us, PHONE: 360-487-8410 ext 3

## → Clearly print or type entries, sign form, make copy for your records, and submit with payment. ←

WA STATE UBI #:	CITY BUSINESS LICENSE EXPIRATION DATE:				
BUSINESS NAME: D		DOING BUSINESS AS (DBA):			
PHYSICAL ADDRESS:	STREET		CITY	STATE	ZIP CODE
MAILING ADDRESS:	STREET or PO BOX		CITY	STATE	ZIP CODE

DAYTIME PHONE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

•	Type of Special License	VMC* SECTION	License Fee	LICENSE TERM (EXPIRATION DATE)	FEES
	<b>Bill Posting / Handbills Distribution.</b> Owner's permission is required for posting advertising materials on any structure or utility pole. It is unlawful to scatter, leave. or place handbills, advertising materials, or samples in a doorway, yard, park, street, or walkway.	5.38	\$10 per person	Quarter	\$
	Mobile Food Vendor.* * Also provide list of possible location(s) of operation, if different than physical address shown above. Note: For summary of other possible requirements, see: https://www.cityofvancouver.us/eph/page/	5.34	\$25 per vehicle or stand	Annual (Dec 31)	\$
	mobile-food-vending (e.g.: Clark County Health Dept permit, or City Street Use Permit, if required).				
	Motion Picture Shows & Theaters.	5.54	Based on seating capacity: • ≤ 500 seats: \$150 • 501 - 1,000 seats: \$200 • 1,001 - 1,500 seats: \$250	Annual (Dec 31)	\$
	<b>Recyclable Materials Collection.</b> Must first contact City Public Works at 360-487-7160, and submit required report re: recyclable materials to Solid Waste Division.	5.62	\$50 per vehicle	Annual (Dec 31)	\$
	Secondhand Dealer.	5.46	\$100 per dealer	Annual (Dec 31)	\$
				Total Fees	\$

\* Vancouver Municipal Code (VMC) is available for review in its entirety at: https://vancouver.municipal.codes/VMC.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Signatory: \_\_\_\_\_ Title: \_\_\_\_\_