



CITY OF COBURG
Transient Merchants and Solicitors Application

Date Received _____ Application Number _____

Applicant Information

Applicant Name _____ Applicant Phone _____

Applicant Address _____ Fax Number _____

Mailing Address (If different than above) _____

Contact Person (If different than applicant) _____

Transient Merchant Information

Sale Location _____ Address (If applicable) _____

Date(s) of Sale _____ Sale Hours _____

Solicitor Information

Sale Location(s) _____

Service or Merchandise for Sale _____

Application and License Fees (Resolution No. 2005-18)
Adopted August 9, 2005

- Transient Merchants Application Fee \$200*
- Transient Merchants License \$50 per month
- Solicitors Application Fee \$150 or \$25 per person (whichever is greater)
- Solicitors License \$50 or \$25 per person (whichever is greater) per month

* Certain circumstances call for partial or full refund of this amount.

I hereby certify that the statements and information contained in this application, including any attached documents, are in all respects true and correct. In accordance with Ordinance No. A-198 and Resolution No. 2005-18, I agree to pay all application and license fees.

Applicant Signature _____ **Date** _____

Permit Approval/Denial (for office use only)

Application Approved (Permission is granted to proceed with request)

Application Denied because _____

Signature of Authorizing Official _____ **Date** _____

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