



**COMMUNITY DEVELOPMENT DEPARTMENT**  
**Code Administration Division**  
 129 North Second Street, 2nd Floor Yakima, Washington 98901  
 (509) 575-6126 • Fax (509) 576-6576  
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## MOBILE VENDOR BUSINESS LICENSE APPLICATION

**COMPLIANCE WITH THE URBAN AREA ZONING ORDINANCE IS REQUIRED PRIOR TO  
 ISSUANCE OF ANY/ALL BUSINESS LICENSES**

**\*\*ALL INCOMPLETE APPLICATIONS WILL BE RETURNED\*\***

### GENERAL BUSINESS INFORMATION

Business Name: \_\_\_\_\_

**Physical Location:** \_\_\_\_\_ Suite \_\_\_\_\_

Parcel Number: \_\_\_\_\_ Zoning: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Suite # \_\_\_\_\_

Attention: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_

FAX #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

WA State UBI#: (Tax Number) \_\_\_\_\_

Parent Company Name (if applicable): \_\_\_\_\_

Ownership Type: Individual \_\_\_ Partnership \_\_\_ Association \_\_\_ Corporation \_\_\_ LLC \_\_\_

Is this business a change in ownership of an existing business? \_\_\_\_\_

Detailed Description of Business: \_\_\_\_\_

Business Classification per Urban Area Zoning Ordinance, Table 4-1 "Permitted Land Uses"

Previous Location and License Number: \_\_\_\_\_

### OWNERS/OFFICERS

**List Owners/Officers Below:  
 (Use Separate Page if Needed)**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

## **OPERATION INFORMATION**

Hours of Operation: \_\_\_\_\_ Days of Operation: \_\_\_\_\_

Number of Employees and Owners Combined: \_\_\_\_\_

Tax Exempt? Y/N

Will there be alterations to the building for your business? Y/N

Does this business share space with other business(es)? Y/N

If Yes, please provide name of business(es): \_\_\_\_\_

## **REQUIRED ATTACHMENTS**

The following attachments are required in the following situations: change to a use requiring more parking per code; change in site layout (i.e. revised parking, circulation, building layout; relocation or addition of utility lines/appurtenances); adding an additional business in an existing building. (Please contact City staff if you have questions on applicability.)

- a. A scaled site plan including the location of off-street parking as well as onsite water and sewer infrastructure. Also include the location and number of disabled parking spaces and whether the lot is paved or unpaved. A current aerial photo *may* substitute the site plan requirement if the existing parking configuration can be deciphered from the aerial and if the new use does not change the required number of parking spaces or utility layout.
- b. A scaled floor plan which identifies the use of each room in the building.
- c. A complete application for Type 1, 2, or 3, depending on zoning designation.
- d. A completed IW Survey Form (attached) or indicate the date when the electronic IW Survey form was submitted: \_\_\_\_\_

## **ACCESSIBILITY**

Please be advised that changes in occupancy of an existing building often trigger accessibility requirements such as accessible parking spaces, an accessible building entrance, and other items. Improvements that require permits may also trigger accessibility requirements in an existing building.

The issuance of this license is a tax on your business activity and does not entitle you to conduct business in violation of any other federal, state or local laws applicable to that business operation. **Applicant is responsible for obtaining approval from property owner for all activities conducted on private property.**

\_\_\_\_\_  
Applicant's Signature and Title

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

# Owners/ Employees	1-2	3-5	6-9	10-14	15-20	21-30	31-45	46-60	61-80	over 80
Fee	\$42.90	\$85.80	\$150.00	\$214.20	\$321.15	\$428.40	\$642.60	\$856.80	\$1,071.00	\$1,285.20

Those applying after June 30<sup>th</sup> will be charged half price.

FOR OFFICE USE ONLY

Prev Occu Class: \_\_\_\_ NEW Occu Class: \_\_\_\_ Change of Use: Y/N Tax Exempt: Y/N

	<u>No</u>	<u>Yes</u>
Fire, Life, Safety Inspection <b>Prior to Issuing License</b>	( )	( )
Change of Occupancy	( )	( )
Fire, Life, Safety Inspection Prior to Opening	( )	( )
Building Inspection Required (restrooms, parking, etc.)	( )	( )

Reviewed by Planning Staff: \_\_\_\_\_ Date: \_\_\_\_\_ Zoning: \_\_\_\_\_

CL(1) \_\_\_\_ CL(2) \_\_\_\_ CL(3) \_\_\_\_ Use label in Table 4-1 of UAZO \_\_\_\_\_

Parking spaces for this use: Required \_\_\_\_ Provided \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reviewed by Code Admin Staff: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

## Supplemental Questions for a Mobile Food Unit

The permit holder must obtain approval from other applicable regulating agencies prior to operating a mobile food unit, including the Department of Labor and Industries and the Health District. Please provide copies of the approvals from those agencies.

1. When not in operation, a mobile food unit must be stored at an approved servicing area or other approved location. Where do you plan to park the mobile food unit when you are not open for business? WAC 246-215-121(3)
2. The owner of a mobile food unit must submit a plan of operation. Any changes to the plan of operation including but not limited to changes in the menu must be approved by the regulatory authority. The plan of operation should include the following per WAC 246-215-121(6):
  - (a) Menu (may attach a copy)
  - (b) What is the location of the site(s) from which you plan to operate the mobile food unit? (Include a site plan and the hours of operation for each site)
  - (c) How and where do you dispose of your wastewater?
  - (d) What is the method you will use for disposing of cooking grease?
  - (e) The person in charge must ensure that the water system on the mobile food unit is supplied from an approved source of water. Where do you plan to fill your water tanks? WAC 246-215-121(11a)
  - (f) Where are the restrooms for your employees?
  - (g) What is your cleaning schedule?
3. The person in charge of a mobile food unit must ensure all foods, including ice, are from an approved commissary. What is the current business name and address of the approved commissary you plan to use? WAC 246-215-121(8a)
4. The permit holder must designate a name for the business and provide it to the regulatory authority and ensure that the name is posted on the mobile food unit in a manner easily visible to customers during the hours of operation. Is your business name posted and easily visible to customers? WAC 246-215-121(16)
5. Any accessory items (i.e. waste receptacles, step stools, etc.) associated with the mobile food unit must be removed from the premises at the end of each work day. Mobile food units shall not use freestanding awnings, canopies, umbrellas, etc.; all such devices shall be permanently attached to the unit and fully supported.  
Please describe any accessory items you will use:
6. The person in charge of a mobile food unit must ensure that only employees and other persons authorized by the regulatory authority are present inside the mobile food unit at any time.



## CITY OF YAKIMA PRELIMINARY INDUSTRIAL WASTE SURVEY (shortened version)

Please complete this survey in full. A Federal and State requirement has been placed on this community to accomplish this inventory. **Failure to submit a completed survey will be in violation of Chapter 7.65 of the City's Municipal Code.** For assistance in completing this form, you may contact the Pretreatment Supervisor at (509) 249-6816.

Business Name: \_\_\_\_\_

Address of facility discharging wastewater:

Street \_\_\_\_\_ City \_\_\_\_\_

Brief description of business and services: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is the facility connected to the public sewer system? Yes \_\_\_ No \_\_\_ Don't know \_\_\_

Utility Services Billing Account # (if known) \_\_\_\_\_

Based on your answers to these questions you may be asked to provide additional information to the City's Wastewater Division.

**The information provided in this survey is, to the best of my knowledge, true and complete.**

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Please print name and title

\_\_\_\_\_

Telephone Number

**Pretreatment Office  
Yakima Regional Wastewater Division  
2220 East Viola Avenue  
Yakima, WA 98901**

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