Omak Police Department

8 N. Ash, P.O. Box 569, Omak, WA 98841 • (509) 826-0383 • FAX 826-0116

LARRY W. SCHRECKENGAST
Chief of Police

PEDDLER PERMIT

Name_____ Birthday___-___-___
First Middle Last

Driver License #_____ Home Phone#( )_____ Cell _____

Physical Address:_____

Mailing Address_____

UBI (Uniform Business Identifier) #_____-_____-_____ Type of Business_____

Registered Business Owners Name:_____Phone #( )_____
First Middle Last

Address_____

Vehicle_____
Color Year Make/Model License State

Vehicle_____
Color Year Make/Model License State

Length of time you will sell _____Location where you will sell _____

I certify the information on this application is correct. I agree to comply with Ordinance #1251. I understand there is a ten day waiting period and the application fee is $25.

_____Date_____
Signed

_____Date_____
Witness

If you plan on conducting business on the Colville Indian Reservation you should become familiar with the T.E.R.O. Act (Indian Preference Employment) Questions? Call 1-800-634-2719

☐ Copy of Driver License Verify Master License (360) 664-1414

_____Approved _____Denied By:_____Date_____ Given Copy of Ordinance _____Initial