YAKAMA NATION DEPARTMENT OF REVENUE
P.O. Box 151
Toppenish, WA 98948
Phone: (509) 865-5121 Ext. 6028 Ext. 6037 Ext. 6091

PERMIT NUMBER: VP- ____ -2018
DATE OF ISSUE: ______________
EXPIRES: ______________
ISSUED BY: ______________
___MAIL ___PICK-UP

VENDOR PERMIT APPLICATION

*** PLEASE PRINT * * FEES NON-REFUNDABLE * * NON-TRANSFERABLE ***
*** APPLICANT MUST PRESENT VALID PICTURE IDENTIFICATION***

APPROVED WORKERS MUST BE DISPLAYED AND CURRENT AT ALL TIMES DURING VENDING EVENT

Name & Enrollment #	Address:	Phone:	Food Handler Card No.