

OFFICIAL USE

DATE RECEIVED:

DATE ISSUED: _____

LICENSE NUMBER: _____



BUSINESS LICENSE APPLICATION

\$50 Annual Fee

APPLICANT INFORMATION

NAME:

MAILING ADDRESS:

CITY, STATE, ZIP:

PHONE NUMBER:

BUSINESS INFORMATION (AS IT SHOULD APPEAR ON LICENSE)

BUSINESS NAME:

PH:

MAILING ADDRESS:

PHYSICAL ADDRESS:

CITY, STATE, ZIP:

CITY, STATE, ZIP:

CONTRACTOR'S LICENSE NUMBER:

STATE UBI NUMBER:

**A COPY OF YOUR MASTER LICENSE AND/OR STATE CONTRACTOR'S LICENSE MUST BE SUPPLIED*

INDIVIDUAL BUSINESS?

PARTNERSHIP?

CORPORATION?

IF PARTNERSHIP, LIST BUSINESS PARTNERS. IF CORPORATION, LIST BUSINESS OFFICERS (TITLE, ADDRESS, PHONE OF EACH):

DESCRIPTION OF BUSINESS OR OCCUPATION (PLEASE NOTE THE TYPE OF PRODUCT, SALES, SERVICE, ETC.):

EXTRACTING -

PRINTING & PUBLISHING -

MANUFACTURING -

BANKS & FINANCIAL INST. -

RETAILING -

SERVICES & OTHER ACT. -

WHOLESALING -

UTILITIES (ELEC., TELE., CABLE) -

OTHER (DESCRIBE) -

ANSWER THE FOLLOWING IF APPLICABLE:

ORIGINAL OPENING DATE OF BUSINESS (IF WITHIN THE LAST YEAR):

PRIOR, THE BUSINESS WAS CALLED:

AND OPERATED BY:

DID YOU TAKE OVER THE ENTIRE BUSINESS? YES NO

OR PORTION OF? YES NO

Applicant Signature: _____ Date: _____

PLEASE RETURN APPLICATIONS WITH PAYMENT TO:

230 Second Street, Raymond, WA 98577

Phone: 360-942-4100, Fax: 360-942-4137