

OFFICIAL USE

DATE RECEIVED:

DATE ISSUED: _____

LICENSE NUMBER: _____

City of Raymond

WASHINGTON

**BUSINESS LICENSE APPLICATION**

0-10 Full time employees - \$100 Annual Fee

11+ Full time employees - \$200 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?

NUMBER OF FULL TIME EMPLOYEES (FTE)?

**FTE: Full time employee equivalents shall be based on the total hours reported to the Washington State Department of Labor & Industries in the previous year for all paid employees divided by 2080 hours.*

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 NOOR 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