

230 Pioneer Street
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Application for Business License Contractors/subcontractors

Instructions:

- Please **print** or **type**
- Application must be signed

1. Name of Business: _____
DBA (if applicable): _____

Business Phone #1 _____ **#2** _____
Fax _____ **E-mail** _____

Business Address: _____

City/State/Zip: _____

Mailing Address: (If different from Business Address) _____
City/State/Zip: _____

2. Type of Business: _____

3. WA State Contractor's License # _____

4. WA State Department of Revenue Tax Number (UBI) _____

5. Owner: _____ **Home Address:** _____

6. Contact Person: _____

Signature: _____ **Date:** _____

Business License Fee: \$50.00

Business License is valid from January 1 through December 31 and must be renewed annually.

Official Use Only

Business License number _____

Receipt number _____

Issued by: _____

License fee __\$50.00_____

Date paid _____