

CITY OF WAPATO

205 E THIRD STREET
 WAPATO WA 98951-1326
 PH 509-877-2334 FAX 509-877-3979
 info@wapato-city.org



INITIALS: _____ TODAY'S DATE: _____

FOR YEAR ENDING FEBURARY 28, _____

FEE CHARGED: _____

BUSINESS LICENSE APPLICATION

| | | | |
|--|---------------------|-------|-----------------|
| NAME OF BUSINESS | DBA (if applicable) | | Business Phone: |
| Business Location Street | City | State | ZIP |
| Mailing Address (if different than location address) | City | State | ZIP |
| Owner of land and building address | City | State | ZIP |
| Mailing Address (if different than location address) | City | State | ZIP |
| Describe in Detail Functions of the Business: | | | |
| | | | |
| | | | |

| List Owner(s), Partner, or Officers Names/Emergency Contact Names | Date of Birth of each: | Home Address | Home Phone |
|---|------------------------|--------------|------------|
| | | | |
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| | | | |

| | | |
|---|------------------------------|---------------------|
| Are you registered with the State of Washington? <input type="checkbox"/> YES <input type="checkbox"/> NO | Dept. of Revenue UBI Number: | Number of Employees |
|---|------------------------------|---------------------|

If you are a contractor, please put your L&I license number below:

| |
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| |
|--|

What changes have you made to your business within the preceding year:

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|--|

I hereby certify that the statements furnished by me on this application are true and complete to the best of my knowledge and belief, and that I will comply with provisions of applicable City of Wapato ordinances concerned with doing business in Wapato including but not limited to making quarterly financial reports and payments of B & O Tax.

NEW BUSINESS OWNERS TITLES AND SIGNATURES:

| | | |
|-------------|-------------|-----------------|
| DATE: _____ | TITLE _____ | SIGNATURE _____ |
| DATE: _____ | TITLE _____ | SIGNATURE _____ |

YOU MUST NOTIFY THIS OFFICE IF YOU CHANGE YOUR BUSINESS ADDRESS, NATURE OF BUSINESS OR IF YOU ARE NO LONGER DOING BUSINESS IN THE CITY OF WAPATO

DO NOT WRITE BELOW THIS LINE

DEPARTMENT APPROVALS

| | | | | | |
|---|-------|----------------------|----------|---|--|
| PUBLIC WORKS Comments: _____ Initials: _____ Date: _____ | | | | POLICE DEPARTMENT Comments: _____ Initials: _____ Date: _____ | |
| Water | Sewer | Garbage | Approved | Denied | |
| | | | | | |
| Planning/Building/Zoning Zoning _____ Comments: _____ Date: _____ | | | | FIRE DEPARTMENT Occupancy/Group _____ Comments: _____ Date: _____ | |
| Parking | Signs | Type of Construction | Approved | Denied | |
| | | | | | |
| | | | | | |