

103 W. Madison Street Nooksack, WA 98276 Phone (360) 966-2531 ● Fax (360) 966-2505

BUSINESS LICENSE APPLICATION

| New License Fee = \$3 | 0 • Renewa | al License F | ee = \$30 • R | enewal License Fee (| (after Feb | ruary 1st) = \$6 | 60 |
|--|--------------|--------------|---------------|----------------------|------------|------------------|-----------|
| | | | | | | New | Renewal |
| Please Print or Type: | | | | | | | |
| Business Name: | | | | | | | |
| Business Owner Name: | | | | | | | |
| Business Physical Address: | | | | City: | | State: | Zip: |
| Business Mailing Address: | | | | City: | | State: | Zip: |
| Telephone: () | | | Cell: (|) | | | |
| Contact Email Address: | | | Website: | | | | |
| WA State Tax ID: | | | | | | | |
| Federal Tax ID, EIN, and/or SSN: | | | | | | | |
| Business Ownership: Indivi | dualF | Partnersh | ipCorp | oration LLC | ; | | |
| Type of Business: RetailV | Vholesali | ng C | onstruction | Services | _Interne | et Only | Other |
| Business Start Date: | | | | | | | |
| Describe Business in detail: | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| IN THE CASE OF EMERGENCY, PLEASE CONTACT: | | | | | | | |
| Name | | Title | | Phone () | | | |
| Applicant shall comply fully with all the provisions of the ordinances of the City of Nooksack and the statutes of the State of Washington regulating and concerning business operation. I hereby certify that the above information is true and correct to the best of my knowledge. | | | | | | | |
| Signature: | , vo ii ii c | | Title: | 1001 10 1110 2001 3 | // ///y / | Date: | |
| Print Name | | | Phone : (| 1 | | Date. | |
| r illit ivallie | | | r none . (|) | | | |
| THIS LICENSE EXPIRES ON DECEMBER 31ST OF THE CURRENT YEAR | | | | | | | |
| Note: The above information may be released for investigation/screening. | | | | | | | |
| | | OFFICE | USE ON | V | | | |
| | | OFFICE | OOL ON | - I | | | |
| ROUTE TO | ٧ | API | PROVE /CO | MMENTS | | FIND | INGS |
| MAYOR OR CITY ADMINISTRATOR | 1 | | | | | | |
| PUBLIC WORKS DIRECTOR | | | | | | | |
| POLICE RECORDS | | | | | | | |
| Approved for business & mailed | | | Disapprove | d under present co | onditions | | |
| | THIS SECTIO | | MPLETED BY TI | HE CITY CLERK | | | |
| Date Paid: Check # | | Cash | Receipt # | | | License No | <u>.:</u> |