

Office Use Only:

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Receipt No.:	CITY OF NAPAVINE Department of Revenue Tax Code #2105 P O Box 810 / 407 Birch Ave SW Napavine, WA 98532 360-262-3547	License No.:
Date Paid:		Date Mailed:
Amount Paid:		License Type:

APPLICATION FOR CITY BUSINESS LICENSE
 LICENSE PERIOD: **JANUARY 1ST to DECEMBER 31ST**
Fee must accompany application – Non-Refundable

GENERAL LICENSE INFORMATION

Date of Application: _____ NEW RENEWAL TEMPORARY

Business Name: _____

Business Street Address: _____

Business Mailing Address: _____

Business Phone: _____

Kind of Business: Retail Wholesale Service Manufacturing Financial Institution
 Real Estate Soliciting Other: _____

Home Occupation: Yes No

Description of Business: (Give details, i.e., Retail/Wholesale – what is sold; Service – type of service provided, etc.)

Nature of business: _____

Ownership Status: Sole Proprietorship Partnership Corporation

List Owners, Partners, or Officers:

Name	Title	Residence Address	Residence Phone

Name and Address of Property Owner: _____

Has applicant been issued a City of Napavine business license within the last twelve months? Yes # _____ No

If **Sole Proprietorship**, Social Security Number: _____

If Partnership or Corporation, Federal ID Number: (FEIN) _____

Washington State Department of Revenue Number (UBI): _____

Other Federal, State or Local Business Related Licenses: _____
(E.G., contractor’s license, cosmetology license, day care center license, travel agent license, etc.)

Is there gambling (punch board, pull-tabs, etc.) on the premises? Yes No

Do you have a grease trap? Yes No Hazardous Chemicals on site? Yes No Type: _____

LOCAL AGENT/CONTACT PERSON FOR AFTER-HOURS EMERGENCIES:

Order	Name	Address	Phone Number
1.			
2.			
3.			

Community Development Review: Approved Denied Further Review Reason: _____ Date: _____

THE UNDERSIGNED HEREBY APPLIES FOR A CITY OF NAPAVINE BUSINESS LICENSE AND HEREBY CERTIFIES THAT THE INFORMATION SHOWN ON THIS APPLICATION IS FULL AND TRUE TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF:

Printed Name: _____ Title: _____

Signature: _____ Phone Number: (____) _____