



214 East 4th Street, La Center, WA 98629
PHONE 360.263.8662 FAX 360.263.5700

BUSINESS LICENSE APPLICATION

Date _____

1. Name of Business _____

2. Business Phone _____ Emergency Phone _____

3. Business Street Address _____

4. Mailing Address (if different from Street Address) _____

5. Name(s) of owners and all persons having a proprietary interest in the business:

_____ Home Address _____

_____ Home Address _____

_____ Home Address _____

6. Do you want to be listed on the City's website Business Directory? Yes No

7. Website _____

7. Email Address _____

8. Check appropriate box: Corporations Partnership Sole Proprietor Association

9. Type of business engaged in _____

10. Department of Revenue registration number (UBI Number) _____

11. Southwest Washington Health District identification number (only if applicable) _____

12. Number of persons, including owners, working in or for business _____

13. Is this application for a new license or renewal license? New Renewal

14. **SCHEDULE OF FEES (Calendar year or any portion) \$50.00**

*****NOTICE: Issuance of a license pursuant to this application shall not constitute an assurance or representation that the business, or its location, complies with applicable local, state, or federal laws. All licensees shall be responsible for complying fully with all such laws.**

15. Signature of Applicant _____ Date _____

CITY CLERK'S USE ONLY - DO NOT WRITE BELOW THIS LINE

Date Received _____ Business License # _____ \$ _____

By _____ Other Licenses _____ \$ _____

Receipt No. _____ Penalty _____ \$ _____

Code Enforcement Approval: _____ TOTAL \$ _____