Welcome New Business Owner

Congratulations on doing business in Winthrop! Winthrop is a thriving recreational tourism town in large part due to the town's Westernization efforts. A brief history of the town's Westernization conversion along with information regarding how businesses are required to participate in the Western Theme follows...

Why Westernization? Here's our story:

In the 1960's, with the planned opening of the Highway 20 through the North Cascades, local visionaries looked to enhance the economics of Winthrop in anticipation of much greater numbers of travelers who could now reach Winthrop. The greatest visionaries in this group were Kathryn and Otto Wagner who owned the Wagner Lumber Mill. Wanting to give back to the community that gave them so much they pitched a proposal to convert all the business buildings in Winthrop back to their historic 1900 roots. Each business in Winthrop provided a small amount of money for the conversion with the Wagners footing the majority of all the funds. With Otto's passing, Kathryn led the charge to convert Winthrop's main street and commercial districts into a vision of the Old West. This conversion initiated one of the greatest charitable acts in Winthrop's history. It is estimated the Wagners spend over \$1 million (1970) dollars on the conversion which turned Winthrop into a unique, thriving, tourist town enjoyed by millions.

What's your role?

In owning and operating a business in Winthrop, you have the unique opportunity to contribute to your success and the success of your community as a whole, through Winthrop's Westernization Theme. Today that western theme is maintained by a Westernization Ordinance that governs the appearance of all of Winthrop's commercial buildings including the lighting and signage. The purpose of Winthrop's Westernization Ordinance is to protect the public good. By furthering the Westernization theme we ensure the continued vitality of our economy through an asset which forms the basis for Winthrop's thriving tourist industry. All new applicants for business licenses will receive a copy of the ordinance and it is also available on the Winthrop Town website at townofwinthrop.com. Business owners are required to comply with this ordinance. The Westernization Code has enabled businesses to thrive while contributing to the economic well-being of all residents in the Valley.

The Town's Westernization Design Review Board (WDRB) administers the Westernization Ordinance and is here to assist new business owners through the Westernization process. The WDRB meets the 2nd and 4th Wednesday's of every month at 8:00am at the Winthrop Barn. New business owners are required to meet with the WDRB committee before any new business construction or changes are applied for. The WDRB can help you with period-appropriate designs, materials, ideas, and resources.

TOWN OF WINTHROP

PO Box 459. 206 Riverside Avenue, Winthrop WA 98862 Phone 509-996-2320

BUSINESS LICENSE APPLICATION

BUSINESS NAME:				
		ZONING DISTRICT:		
MAILING ADDRESS:				
BUSINESS PHONE:	EM	AIL		
BUSINESS OWNER NAME:		PHONE		
BUSINESS OWNER ADDRESS:		×		
DOES OPERATOR OWN BUSINESS SIT	E?YES	NO		
PROPERTY OWNER NAME:		PHONE_	*	
PROPERTY OWNER ADDRESS:				
TYPE	OF BUSINESS A	CTIVITY:		
A. SALES, SERVICE, PROFES	SSIONAL	\$	60.00	
B. HOME OCCUPATION		\$	60.00	
C. PEDDLER		\$	60.00	
NATURE OF THE BUSINESS (Please be	e specific and give det	ails)		
W. I. G. W. D. C. G.				
WASHINGTON STATE TAX I.D. NUMB	ER:			
NOTE DISBURGED MIST COLDINA	WELL ALL TOWN CO			
NOTE: BUSINESSES MUST COMPLY W		DDES/ORDINANCES WH.	ICH	
INCLUDE, BUT ARE NOT LIMITED TO WESTERNIZATION CODE		DITH DING CODE		
FIRE CODE		BUILDING CODE		
I CERTIFY THAT THE INFORMATION A	ABOVE IS CORREC	Γ TO THE BEST OF MY K	NOWLEDGE AND	
BELIEF.				
	-			
NAME (Print)	DATE			
	_			
SIGNATURE (Required)	TITLE			

THIS APPLICA	TION IS BEING RO	OUTED TO THE FOL	LOWING DEPARTMEN	NTS AND MAY INCLUDE
CORRECTIVE	ACTION NECESSA	RY FOR ISSUANCE.		
******	*******	********	********	********
********	*******PLEASE D	O NOT WRITE BEYO	OND THIS POINT****	*******
DEPARTMENT	HEADS PLEASE I	NITIAL AFTER REV	IEW. IF YOU HAVE A	NY COMMENTS PLEASE
			N BE ADDED IN THE (
WESTERNIZAT	ΓΙΟΝ:		FILE#	INITIAL
FIRE DEPARTM	MENT:			INITIAL
POLICE DEPAR	RTMENT:			INITIAL
BUILDING DEA	PARTMENT:			INITIAL
PLANNING DE	PARTMENT:			INITIAL
STREET DEPA	RTMENT:			INITIAL
ADDITIONALC	COMMENTS:			
		FOR TOWN CLERK'	S USE ONLY	
DATE			DENIALON	TOTAL PET
DATE	ВҮ	FEE	PENALTY	TOTAL FEE
DATE PAID	CHECK#	RECEIPT	AMOUNT PAID	BALANCE

Business License Account #		
Water / Sewer Account #	_'	

COMMERCIAL WATER/SEWER ERU / USE ASSESSMENT

BUSINESS LOCATION:	
NATURE OF BUSINESS:	
BUSINESS NAME:	BUSINESS OWNER:
Phone: ()	Phone: ()
BUILDING OWNER:	Are there multiple businesses within the structure? Is the business within a commercial/business zone? If in a business zone, is the structure use a combined
Phone: ()	residential and commercial use?
RESTAURANT/BAR/EATING ESTABLISHMENT	RETAIL / SMALL BUSINESS
Number of Indoor Seating Number of Outdoor Seating Number of Disposal Units	Number of Full Time Employees x 40hr Number of Part Time Employees Combined Total Hours Per Week of Part Time Employees Total Number of hours worked per week
HOTEL/MOTEL TRANSIENT ACCOMMODATIONS	RESIDENTIAL / MULTI-FAMILY
Number of Rooms/Cabins w/ Kitchens or Kitchen Access (i.e., adjoining rooms) Number of Rooms/Cabins w/out Kitchens Number of Rooms/Cabins over 2(two) Beds Number of Commercial Size Washers	Number of Separate Living Units

Please complete questionnaire and return to:

Winthrop Town Hall PO Box 459 Winthrop WA 98862

If you have any questions, please contact Town Hall @ 509-996-232

)	





FOR OFFICE USE ONLY	
SID #:	
Annual Review Completed on (Date):	_
Annual Review Completed on (Date):	_
New form sent on (Date):	

Phone: _____

Phone: ____

TOWN OF WINTHROP BUSINESS INFORMATION FORM

PLEASE COMPLETE & RETURN TO THE MARSHAL'S OFFICE

2. Name:

3. Name:

Relation/position:_____

Relation/position:_____

For your security and the officer's protection, we ask that you call the Winthrop Marshal's Office at 996-2160 to report any changes to this information. DATE: ____ **BUSINESS INFORMATION:** Business Name: _____ Physical Address: Mailing Address: _____ Business Phone: _____ Residence in Building: [] YES [] NO Private Entry Locations: _____ Lights left on after hours: [] YES [] NO Days of Business (circle): M T W TH F S SU Hours: Does anyone have permission to be in the building after hours? [] YES [] NO Any regularly scheduled after hours cleaning or repairs? [] YES [] NO **OWNER & CONTACT INFORMATION:** Business Owner's Name: _____ Address: Phone: Manager's Name: _____ Phone: ALTERNATE CONTACTS: Person(s) who may be called to secure building: Phone: Relation/position:_____