

ESTIMATED START DATE OF BUSINESS _____ LICENSE# _____

TOWN OF WINTHROP

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

BUSINESS LICENSE APPLICATION

BUSINESS NAME: _____

BUSINESS LOCATION: _____ ZONING DISTRICT: _____

MAILING ADDRESS: _____

BUSINESS PHONE: _____ EMAIL _____

BUSINESS OWNER NAME: _____ PHONE _____

BUSINESS OWNER ADDRESS: _____

DOES OPERATOR OWN BUSINESS SITE? _____ YES _____ NO

PROPERTY OWNER NAME: _____ PHONE _____

PROPERTY OWNER ADDRESS: _____

TYPE OF BUSINESS ACTIVITY:

- _____ A. SALES, SERVICE, PROFESSIONAL.....\$ 60.00
- _____ B. HOME OCCUPATION.....\$ 60.00
- _____ C. PEDDLER.....\$ 60.00

NATURE OF THE BUSINESS (Please be specific and give details)

WASHINGTON STATE TAX I.D. NUMBER: _____

NOTE: BUSINESSES MUST COMPLY WITH ALL TOWN CODES/ORDINANCES WHICH INCLUDE, BUT ARE NOT LIMITED TO :

WESTERNIZATION CODE	ZONING CODE	BUILDING CODE
FIRE CODE	POLICE	

I CERTIFY THAT THE INFORMATION ABOVE IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

NAME (Print)

DATE

SIGNATURE (Required)

TITLE

THIS APPLICATION IS BEING ROUTED TO THE FOLLOWING DEPARTMENTS AND MAY INCLUDE CORRECTIVE ACTION NECESSARY FOR ISSUANCE.

*****PLEASE DO NOT WRITE BEYOND THIS POINT*****

DEPARTMENT HEADS PLEASE INITIAL AFTER REVIEW. IF YOU HAVE ANY COMMENTS PLEASE WRITE THEM BELOW. ADDITIONAL COMMENTS CAN BE ADDED IN THE COMMENTS SECTION.

WESTERNIZATION: _____ FILE # _____ INITIAL _____
FIRE DEPARTMENT: _____ INITIAL _____
POLICE DEPARTMENT: _____ INITIAL _____
BUILDING DEPARTMENT: _____ INITIAL _____
PLANNING DEPARTMENT: _____ INITIAL _____
WATER/SEWER DEPARTMENT: _____ INITIAL _____
STREET DEPARTMENT: _____ INITIAL _____

ADDITIONALCOMMENTS:

FOR TOWN CLERK'S USE ONLY

_____ DATE	_____ BY	_____ FEE	_____ PENALTY	_____ TOTAL FEE
_____ DATE PAID	_____ CHECK#	_____ RECEIPT	_____ AMOUNT PAID	_____ BALANCE