

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.....\$ 50.00

\_\_\_\_\_ C. PEDDLER.....\$ 30.00

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  
FIRE CODE**

**ZONING CODE  
POLICE**

**BUILDING CODE**

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 \_\_\_\_\_

ADDITIONAL COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FOR TOWN CLERK'S USE ONLY

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