

BUSINESS LICENSE APPLICATION

City of Chehalis
1321 S Market Blvd
Chehalis, WA 98532
(360) 345-2229

Receipt No.: _____
Date Paid: _____
Amount Paid: _____

License No.: _____
Code No.: _____
SIC No.: _____

Pursuant to Ordinance No. 590-B
License Period: One year from date of issuance.
Department of Revenue Tax Code #2102
Fee must accompany application - Non-Refundable

I. GENERAL LICENSE INFORMATION:

Date of Application: _____
Business Name: _____
Business *Street* Address: _____
Business *Mailing* Address: _____
Business Phone: _____
Business Email Address: _____
Business Website: _____

Type of Business License Requested: New _____ Special _____ Temporary _____
Fees must accompany application New=\$50 Special=\$62 Temporary=\$25 Non-Profit=no fee

Type of Business:	Retail _____	Financial Institution _____
	Service _____	Real Estate _____
	Wholesale _____	Soliciting _____
	Producer/Processor _____	Construction Contractor _____
	Manufacturing _____	Other _____

Special Licenses:	Locksmith _____	Hulk Haulers, Scrap Processors _____
	Pawnbroker _____	Motor Vehicle Wreckers _____
	Alarm System _____	Second Hand Dealer _____
	Mobile Food/Ice Cream Vendor _____	Tow Truck Driver _____
	For Hire Vehicle _____	

(These licenses have special requirements; see Ordinance 590-B & Form 3A-2 for compliance requirements.)

Home Occupation: Yes _____ No _____ *(see cmc 17.90 for requirements)*

Description of Business *(Be specific: type of merchandise/items sold; type of service provided; etc.):*

of Full Time Employees: _____ # of Part Time Employees _____
Days of the week and hours of operation: Days: _____ thru _____ Hours: _____ AM to _____ PM

Ownership Status: Sole Proprietorship _____ Partnership _____ Corporation/LLC _____

List Business Owners, Partners, or Officers:			
Name	Title	Residence Address	Residence Phone

Residence of Applicant during preceding 5 years (only necessary if a sole proprietorship):

Name and Address of Property Owner (copy of the lease or rental agreement pages showing address and owner's signature or separate written consent is required, if not the same as the applicant):

- If **Sole Proprietorship**, Social Security Number (confidential): _____
- Please Only provide if you do not have a UBI number-
- If **Partnership or Corporation**, Federal ID Number: _____
- Washington State Department of Revenue (UBI) Number: _____
- Other Federal, State, or Local Business Related Licenses: _____
(contractor's license, beautician's license, day care center license, travel agent license, etc.)

Local Agency/Contact Person (after hours emergencies):

Name	Address	Phone

- Is construction or remodeling to accommodate the business anticipated? Yes ___ No ___
- Would you like the Chehalis Police Department to conduct a security survey? Yes ___ No ___
- Will a tent or temporary structure be used at any time for the business? Yes ___ No ___
- How many off-street (private) parking spaces will be provided? _____
- Will hazardous materials be stored/used in association with the business? Yes ___ No ___
- Will aboveground and/or underground storage tanks for flammable/combustible liquids be used in association with the business? Yes ___ No ___
- Does the facility have any fixed fire protection equipment? Yes ___ No ___
- Does the facility have an alarm system? Yes ___ No ___
What type? Fire ___ Burglary ___ Robbery ___
- Does an elevator serve the facility? Yes ___ No ___
- Does the facility have a grease trap? Yes ___ No ___
- Does the facility have a public room >350 sq. ft. for meetings, dining, etc.? Yes ___ No ___

III. THE UNDERSIGNED HEREBY APPLIES FOR A CITY OF CHEHALIS 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: _____ Ph# () _____ Fax # () _____