

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
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: _____

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

Washington State UBI #: _____

Check Type of Business License: Special _____ Temporary _____

Fees must accompany application Special=\$12 Temporary=\$25

<u>Special Licenses:</u>	Locksmith _____	Hulk Haulers, Scrap Processors _____
	Pawnbroker _____	Motor Vehicle Wreckers _____
	Burglar Alarm System Installer _____	Second Hand Dealer _____
	Mobile Food/Ice Cream Vendor _____	For Hire Vehicle _____

(These licenses have special requirements; see Chehalis Municipal Code for compliance requirements.)

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

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: _____ Date: _____

SPECIAL BUSINESS LICENSE
PERMIT CONDITIONS/REQUIREMENTS (Form 3A-2)
(Confidential)

A city business license application and this attachment must be submitted for review and approval by the Police Chief prior to issuance of the business license ONLY for **Pawnbrokers, Second Hand Dealers, For-Hire Vehicles, Alarm System Operators/Installers, Locksmiths, Hulk Haulers, Scrap Processors and Motor Vehicle Wreckers/Tow Truck Operator, Mobile Food and Ice Cream vendors.**

Required supplemental information:

Business Manager Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Previous Address: _____

City, State, Zip: _____

Phone: _____

Driver's License #: _____

*** INCLUDE A COPY OF YOUR DRIVER'S LICENSE WITH THE APPLICATION.**

Date of Birth: _____

Social Security #: _____

Pawnbrokers/Second Hand Dealers Only:

Describe the specific type of merchandise intended to buy and sell:

Mobile Food and Ice Cream Vendors Only: Proof of current vehicle registration (license plate #)

OFFICE USE ONLY:

BUSINESS APPROVAL AND/OR CONDITIONS

Subject to all the terms, conditions, and provisions written, printed on, or attached to this form, The Chehalis Police Department approves the issuance of a business license to the above applicant to conduct the business activity or use as listed above

Approved By: _____ Date: _____