

City of Vader

317 8th Street
P.O. Box 189
Vader, WA 98593-0189
(360) 295-3222 *phone*
(360) 295-3012 *fax*
vadercity@centurylink.net *e-mail*

Established 1906

TEMPORARY BUSINESS LICENSE

License is valid from: _____ thru: _____.

Type of License (circle one): Vendor Solicitor Temporary Performance

Fee Paid \$ _____ Receipt# _____

Special Event participating in, if applicable: _____

This Temporary Business License is issued to: _____
(Business/Individual's name)

(Telephone)

(Mailing address)

(Email address)

(City/State/Zip Code)

Type of Business: _____

WA State Business License or UBI Number: _____

Business Representative: _____
(Name printed)

(Signature)

THIS CERTIFIES that the business or individual listed above is hereby authorized by the City of Vader, Washington to do business within the Vader city limits.

City Clerk/Treasurer

Date