



BUSINESS LICENSE APPLICATION

New License \$50.00 Renewal \$25.00 Temporary \$10.00 Receipt# _____

BUSINESS NAME: _____

Business Address: _____

Mailing Address: _____

Business Phone: _____

Previous Address if Less Than 5 years _____

WA State Business License UBI# _____

***Please provide copy of current state business license with application**

List any other Licenses Issued & ID numbers for Local, State or Federal Agencies _____

KIND OF BUSINESS: Permanent Temporary *
 Retail Services Manufacturing Real Estate Other

Brief Description: _____

* If temporary How many days needed _____ Have you held a Business License for City of Vader In the past twelve months? Yes No

LIST OWNER(S)

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

I, the undersigned **do hereby agree** to abide by Ordinance No. 2018-05 of the City of Vader and the laws and regulations of the State of Washington.

- I **do affirm** that the information therein given is full & true to the best of my knowledge.

Signed: _____

Date: _____