ACCOUNT NUMBER _____

2008 BUSINESS LICENSE APPLICATION

CITY OF FIRCREST
115 RAMSDELL STREET, FIRCREST, WA 98466
253-564-8901

( ) NEW BUSINESS LICENSE ( ) NEW HOME OCCUPATION - See # 12 below

1. Name of Business _____ Phone _____
2. Business Address _____ City _____ ST _____ Zip _____
3. Owner of Business _____ Phone _____
4. Owner Address _____ City _____ ST _____ Zip _____
5. **Circle One**: SOLE PROPRIETORSHIP PARTNERSHIP CORPORATION
6. Explain in Detail Principal Product or Service Rendered _____
7. Type of Business: **Please Circle** RETAIL SALES SALES WHOLESALE CONSTRUCTION
   MANUFACTURING WAREHOUSING OFFICE CHILDCARE CENTER* OTHER

   ***If childcare center, please attach copy of current Washington State Department of Social and Health Services license.**
8. Starting Date of Business in Fircrest _____
9. Will any type of gambling be conducted on these premises? ( ) YES _____ ( ) NO
   Washington State **Gambling License Number** _____ Expiration Date _____
10. Do you use, store, or discharge flammable or hazardous materials? ( ) YES ( ) NO
    If so, please state materials and quantities
11. Washington State **UBI Number** _____ **Contractor License Number** _____
12. Are you conducting a business out of your home located in Fircrest? ( ) YES ( ) NO

    If you have not previously obtained a home occupation permit, you will need to complete a home occupation permit application in addition to this form. The Planning/Building Department will need to approve your home occupation permit (minimum $50.00 one-time fee) prior to the City issuing a 2008 business license for your business.

I hereby certify that the statements furnished by me on this application are true and correct to the best of my knowledge and belief.

Authorizing Signature: _____ Dated _____

DO NOT WRITE IN THIS SPACE - OFFICE USE ONLY - 003

LICENSE FEE: **$65.00** _____ DATE _____ RECEIVED BY _____

( ) CASH ( ) CHECK CHECK NUMBER _____ RECEIPT NUMBER _____

REVIEWED FOR ZONING COMPLIANCE _____ APPROVED BY: _____
Planning/Building Director City Manager

DATE ISSUED: _____ BUSINESS LICENSE NUMBER: _____