



# CITY OF EVERSON

P.O. Box 315 / 111 W. Main St.  
Everson, WA 98247  
360/966-3411 – Fax 360/966-3466

## BUSINESS LICENSE APPLICATION

All Applicants Complete This Section:

I have \_\_\_ have not \_\_\_ be convicted of a felony: \_\_\_\_\_

I have \_\_\_ have not \_\_\_ be convicted of a misdemeanor (traffic offenses included): \_\_\_\_\_

I have \_\_\_ have not \_\_\_ violated any municipal ordinances: \_\_\_\_\_

If the answer to any of the above statements is "Yes", give a complete description of the nature of the offense and the disposition: \_\_\_\_\_

\_\_\_\_\_

**Be sure all information is complete.**

Applicant shall comply fully with all the provisions of the ordinances of the city and the statutes of the state regulating and concerning business operation.

\_\_\_\_\_  
Applicants Signature/Title

\_\_\_\_\_  
Property Owner's Signature

\_\_\_\_\_  
Residence Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Residence Telephone

Note: The above information will be released for investigation/screening.

OFFICE USE ONLY

Investigation/screening: Please review application as indicated and in accordance with City requirements.

| ROUTE TO              | √ | APPROVE/COMMENTS | FINDINGS |
|-----------------------|---|------------------|----------|
| MAYOR OR CITY ADMIN   |   |                  |          |
| PUBLIC WORKS DIRECTOR |   |                  |          |
| POLICE RECORDS        |   |                  |          |
| BUILDING INSPECTOR    |   |                  |          |

This section to be completed by city clerk

Date Paid \_\_\_\_\_

Receipt # \_\_\_\_\_

Approved for business \_\_\_\_\_

Disapproved under present  
Conditions \_\_\_\_\_

COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_