



**CITY OF EVERSON**

PO Box 315 • 111 W Main Street  
Everson, WA 98247  
P 360.966.3411 • F 360.966.3466  
[www.ci.everson.wa.us](http://www.ci.everson.wa.us)

**2019 BUSINESS LICENSE APPLICATION**

New License fee = \$30 • Renewal License fee = \$30 • Renewal License fee (after February 1<sup>st</sup>) = \$60

Please Print Clearly

New  Renewal

Business Name:			
Business Owner Name:			
Business Physical Address:		City:	State: Zip:
Business Mailing Address:		City:	State: Zip:
Telephone: ( )		Cell: ( )	
Contact Email Address:		Website:	
WA State UBI:		WA State Contractors #:	
Federal Tax ID or SSN			
Business Ownership: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC			
Type of Business: <input type="checkbox"/> Retail <input type="checkbox"/> Wholesaling <input type="checkbox"/> Manufacturing <input type="checkbox"/> Construction <input type="checkbox"/> Services <input type="checkbox"/> Restaurant <input type="checkbox"/> Internet Only <input type="checkbox"/> Other _____			
Business Start Date:		Annual Sales over \$2,000 yes <input type="checkbox"/> no <input type="checkbox"/>	
Describe Business in detail:			
<b>EMERGENCY INFORMATION</b>			
In an emergency (i.e., burglary or fire) the City will attempt to notify the owner first, then the following:			
Name:		Phone: ( )	
Name:		Phone: ( )	

Applicant shall comply fully with all the provisions of the ordinances of the City of Everson and the statutes of the State of Washington regulating and concerning business operation.

<i>I hereby certify that the above information is true and correct to the best of my knowledge</i>		
Signature:	Title:	Date:
Print Name	Phone: ( )	

**THIS LICENSE EXPIRES ON DECEMBER 31<sup>st</sup> OF THE CURRENT YEAR**

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

**OFFICE USE ONLY**

ROUTE TO	APPROVE/COMMENTS	FINDINGS
BUILDING INSPECTOR		
POLICE RECORDS		

Approved for business & mailed \_\_\_\_\_  Disapproved for business (under present conditions)

**THIS SECTION TO BE COMPLETED BY THE CITY CLERK**

Date Paid:	Check #	Cash	Credit	Receipt #	License# EBL
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