



PO Box 315, 111 W Main Street
 Everson, WA 98247
 (360) 966-3411 Phone ■ (360) 966-3466 Fax

**ANNUAL
 SIDE SEWER CONTRACTOR
 LICENSE APPLICATION- \$25**

Name of Business (Print):	
Address:	Daytime Phone:
City, State, Zip	Email Address:
Federal Tax ID#:	State Tax ID#
<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership	Contractor Reg.#

First Owner Name:
Residence Address:
% of Ownership:
Phone#:
Email:

Second Owner Name:
Residence Address:
% of Ownership:
Phone#:
Email:

Bond Company:	Bond#:
Address:	Amount:
City/State/Zip	Bond Expires:

I/We the undersigned, being all the owners of the above name Applicant, hereby certify that the foregoing Application is complete, true and accurate.

By: _____ By: _____
 Signature Title Signature Title

OFFICIAL USE ONLY

\$25.00 Fee Paid Bond Received License Issued for _____ Calendar Year

See Chapter 13.30 of the Municipal Code for Sewer Regulations. / 13.30.1403 License Fee