

CITY OF ELLENSBURG, WASHINGTON

**TEMPORARY BUSINESS LICENSE**

No. \_\_\_\_\_

TYPE OF BUSINESS ACTIVITY \_\_\_\_\_

LOCATION OF ACTIVITY \_\_\_\_\_

DATE(S) OF ACTIVITY (NO MORE THAN 30 DAYS) \_\_\_\_\_

NUMBER OF EMPLOYEES (INCL OWNER)

WORKING IN OR FOR BUSINESS \_\_\_\_\_

NAME OF BUSINESS AND MAILING ADDRESS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CITY STATE ZIP CODE

**THIS AREA IS FOR CITY USE ONLY**

LICENSE FOR

PERIOD COMMENCING \_\_\_\_\_ 20 \_\_\_\_\_

AND ENDING \_\_\_\_\_ 20 \_\_\_\_\_

LICENSE FEE \$ \_\_\_\_\_ ADD'L FEE \$ \_\_\_\_\_  
(IF ANY)

VALIDATION DATE \_\_\_\_\_ 20 \_\_\_\_\_

BY \_\_\_\_\_

CITY CLERK

EMAIL ADDRESS \_\_\_\_\_

WASHINGTON STATE UBI NUMBER \_\_\_\_\_

DAYTIME PHONE NUMBER \_\_\_\_\_

WASHINGTON STATE CONTRACTORS # \_\_\_\_\_

DOES YOUR BUSINESS USE, STORE OR DISPOSE OF HAZARDOUS MATERIALS THAT COULD POSE A THREAT TO THE ENVIRONMENT (I.E. GAS, OIL, PAINT, SOLVENTS, THINNERS, PESTICIDES, ACIDS, BASES, ALKALIES, ETC.)?

YES ☐ NO ☐

I hereby certify under the penalty of perjury that the above information is correct, to my best knowledge and belief, and it is understood that receipt of a license to engage in a business activity in the City of Ellensburg extends to lawful activity only and will in no way relieve me from the obligation to secure any other applicable license required by City Ordinance or abiding by all health and sanitation, zoning, building code, plumbing code and fire code regulations in force during the period for which such license is issued.

APPLICANT (SIGN HERE)

DATE

PRINT FOR IDENTIFICATION

RESIDENCE ADDRESS

**FOR NEW BUSINESS ONLY**  
**INDIVIDUAL IN CHARGE OF**  
**OR RESPONSIBLE FOR BUSINESS ACTIVITY**

NAME

DATE OF BIRTH

DRIVERS LICENSE #

**INSTRUCTIONS:** Please complete all applicable sections and return intact to City Clerk, 501 N. Anderson Street, Ellensburg, Washington 98926, along with the appropriate license fee as indicated above or on the enclosed letter form. The original of the business license will be dated, signed and returned to you for posting in your place of business.

**FOR OFFICE USE ONLY MAKE NO ENTRY IN THIS SECTION**

ROUTING FOR APPROVAL

FROM:	INITIAL	DATE
RETURN TO CITY CLERK BY ➤		

DATE APPLICATION RECEIVED \_\_\_\_\_ 20 \_\_\_\_\_

RECEIVED BY \_\_\_\_\_

DATE REFERRED FOR APPROVAL \_\_\_\_\_ 20 \_\_\_\_\_