

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 ONLYLICENSE FOR _____
PERIOD COMMENCING _____ 20 _____

AND ENDING _____ 20 _____

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

VALIDATION DATE _____ 20 _____

BY _____ CITY CLERK

EMAIL ADDRESS _____

DAYTIME PHONE NUMBER _____

WASHINGTON STATE UBI 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 _____