

BUSINESS LICENSE APPLICATION

BUSINESS NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY STATE ZIP: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_

NAME OF OWNERS/OFFICERS

Name \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

WA STATE TAX (UBI) OR OTHER RESISTRATION # \_\_\_\_\_

DESCRIBE BUSINESS ACTIVITY (Specify product or service provided)

\_\_\_\_\_

\_\_\_\_\_

IF CHEMICALS OR FERTILIZERS ARE USED OR STORED ON YOUR SITE  
PLEASE PROVIDE PRODUCT INFORMATION AND QUANTITIES (attach a list)

The undersigned hereby certifies that the information provided on this application is true  
and correct to the best of his/her knowledge under the perjury laws of Washington State

Signature \_\_\_\_\_ Date \_\_\_\_\_