

FOR OFFICE USE
Business/Control # _____

City of Olympia

P.O. Box 1967, Olympia, WA 98507

APPLICATION FOR BUSINESS LICENSE

Ordinance No. 2923 as amended

*****NOTE: APPLICATION AND PAYMENT DOES NOT GUARANTEE APPROVAL FOR CITY BUSINESS LICENSE.**

Please print clearly

Business Trade Name _____

Business Physical Location _____

Mailing Address _____ City, State, Zip _____

Business Phone No (_____) _____ Other (_____) _____ Fax (_____) _____

Business Owner Name(s) _____

Property Owner Name _____

Property Owner Phone No (_____) _____

WA State Contractors License # _____ Expiration Date: ____/____/____

Check those that apply:

- Sole Proprietor LLC Partnership Corporation
- New Owner Change in Structure New Business to Olympia

Washington State UBI# _____ — _____ — _____ Opening Date of Business in Olympia ____/____/____

Business Classification

- Extracting Manufacturing Wholesaling Retailing
- Service, Other Activities Public Roads Construction Printing/Publishing Retail Service

Type/Nature of Business _____

| | | |
|-------------------------|----|-----------------------|
| New Business Fee | \$ | _____ |
| License Fee | \$ | _____ |
| Registration Fee | \$ | _____ |
| | | Total \$ _____ |

| | |
|-------------------------------------|----------------------|
| Payment Method: (Office Use) | |
| <input type="checkbox"/> | Check # _____ |
| <input type="checkbox"/> | Cash |
| Rcvd by: _____ | |

Applicant Name _____ Phone (_____) _____ Fax (_____) _____

Applicant Signature _____ Applicant Title _____ Date _____ Completed by _____

Please send completed application to City of Olympia, P.O. Box 1967, Olympia, WA 98507. or bring it to the 900 Plum Street.