



# CITY OF KITTITAS

207 N. Main, PO Box 719, Kittitas, WA 98934 • (509)968-0220 •  
clerk@cityofkittitas.com

## BUSINESS LICENSE APPLICATION

**INSTRUCTIONS:** Please complete all applicable sections and return to the City of Kittitas at P.O. Box 719 Kittitas WA, 98934, along with the appropriate license fee. The original business License will be dated, signed and returned to you for posting in your place of business.

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

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

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

BUSINESS ADDRESS \_\_\_\_\_

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

TELEPHONE NUMBER \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

EMAIL \_\_\_\_\_

PERMANENT \_\_\_\_\_ TEMPORARY \_\_\_\_\_ HOME BUSINESS \_\_\_\_\_

OWNER NAME \_\_\_\_\_ OWNER PHONE \_\_\_\_\_

NUMBER OF EMPLOYEES (INCLUDING OWNER) \_\_\_\_\_

WA STATE UBI # \_\_\_\_\_ TAX ID # \_\_\_\_\_

WA STATE CONTRACTORS LICENSE # \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

HAS BUSINESS BEEN TAKEN OVER FROM ANOTHER LICENSED OWNER DURING THE PAST YEAR? YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, DATE ACQUIRED \_\_\_\_\_

OLD BUSINESS NAME \_\_\_\_\_

*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 Kittitas 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 Signature \_\_\_\_\_ Title \_\_\_\_\_

Residence Address \_\_\_\_\_

### **FOR CITY USE ONLY:**

DATE APPLICATION RECEIVED \_\_\_\_\_ REC'D BY \_\_\_\_\_

RECEIPT # \_\_\_\_\_ AMOUNT: \$ \_\_\_\_\_ DATE: \_\_\_\_\_