



## CITY OF EAST WENATCHEE APPLICATION FOR BUSINESS LICENSE

New Application     
  New Owner     
  Renewal     
  Other

**FEE MUST ACCOMPANY APPLICATION - NON-REFUNDABLE**

**SECTION A - Business Information** - Please complete all information

Business Name:			Issue/Renewal Date:		
Mailing Address:			Is this a Non-Profit Organization established for educational, religious, or charitable purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No		
City:	State:	Zip:	Expiration Date:		
Business Address:			Business Phone Number		
City:	State:	Zip:	Email Address:		
<b>KIND OF BUSINESS</b> <input type="checkbox"/> Services <input type="checkbox"/> Retail <input type="checkbox"/> Wholesale <input type="checkbox"/> Manufacturing <input type="checkbox"/> Real Estate <input type="checkbox"/> Soliciting <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Internet Based <input type="checkbox"/> Contractor <input type="checkbox"/> Other _____			Number of persons employed <b>Including Working Owner(s).</b>		

**Description of Business - Describe in detail the business's activities**

**Business Ownership - attach additional pages if necessary**

**Type of Business:**   
 Sole Proprietor   
 Partnership   
 Corporation   
 LLC   
 Non Profit

**List Owners, Partners, or Officers**

Title	Name	Residential Address - City, State, Zip	Phone Number
1.			
2.			
3.			

**Business Identification Numbers** (Note: failure to provide State UBI Number will result in a delay or possible non-processing of Business License).

Federal Tax Identification Number or Social Security Number: \_\_\_\_\_

Washington State UBI (Unified Business Identification) Number: (Required) \_\_\_\_\_

Are you a contractor?     Yes     No

WA ST Contractors License Number: \_\_\_\_\_

*For Internal Purposes Only*

AMOUNT PAID	DATE PAID	RECEIPT #	BY	LICENSE NUMBER
\$				

## SECTION B - Business Location Information – To Be Completed By City

Douglas County Parcel Number: \_\_\_\_\_ Are you making tenant improvements:  Yes  No

Building:  Single Tenant  Multi-Tenant

Floor Space Used for Business (Square Feet) \_\_\_\_\_ Name of Business Center (if applicable) \_\_\_\_\_

Zoning: (circle one)    RL                      RM                      RH                      WMU                      CBC                      GC

### ANNUAL FEE

*Annual Fee is based employees including working owners.*

EMPLOYEES / WORKING OWNERS	Full Year
0 - 2 employees & working owners	\$ 50.00
3 - 5 employees & working owners	\$ 70.00
6 - 12 employees & working owners	\$ 110.00
13 - 25 employees & working owners	\$ 155.00
26 - 50 employees & working owners	\$ 260.00
Over 50 employees & working owners	\$ 400.00

### MAKE CHECKS PAYABLE TO "CITY OF EAST WENATCHEE"

Non Profit organizations must include copies of their Articles of Non-Profit Incorporation. Business License fee is due annually.

### SALES TAX MUST BE REPORTED UNDER LOCATION CODE 0902

Number employees/working owners	
Fee based on table at left	\$
<b>Total Fee Due</b>	<b>\$</b>

**IMPORTANT** - READ AND SIGN BELOW - RETURN THIS FORM WITH FEE - VALIDATED LICENSE WILL BE MAILED TO YOU

## SECTION C - Signatures

I (we) the undersigned, declare under the penalties of perjury and the denial of a license or revocation of any license granted, that I (we) am (are) the applicant(s) or authorized representative(s) of the business making this application and that the answers contained including any accompanying information have been examined by me (us) and that the information set forth is true, correct and complete to the best of my (our) knowledge. I (we) also understand that I (we) am (are) responsible for notifying the City of East Wenatchee, in writing, of any change in status (including closure), location, or mailing address within thirty (30) days. All licenses are nontransferable. I (we) understand my (our) place of business must comply with all federal, state, and local codes and ordinances.

Signature of Applicant: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR OFFICIAL USE ONLY

Sign and Date

Planning _____	Finance _____
Building _____	Police _____
Public Works _____	