

CITY OF WAPATO

205 E THIRD STREET
 WAPATO WA 98951-1326
 PH 509-877-2334 FAX 509-877-3979
info@wapato-city.org



INITIALS: _____ TODAY'S DATE: _____

FOR YEAR ENDING FEBRUARY 28, _____

FEE CHARGED: _____

BUSINESS LICENSE RENEWAL

NAME OF BUSINESS	DBA (if applicable)		Business Phone:
Business Location Street	City	State	ZIP
Mailing Address (if different than location address)	City	State	ZIP
Owner of land and building address	City	State	ZIP
Mailing Address (if different than location address)	City	State	ZIP
Describe in Detail Functions of the Business:			

List Owner(s), Partner, or Officers Names/Emergency Contact Names	Date of Birth of each:	Home Address	Home Phone

Are you registered with the State of Washington? <input type="checkbox"/> YES <input type="checkbox"/> NO	Dept. of Revenue UBI Number:	Number of Employees

If you are a contractor, please put your L&I license number below:

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What changes have you made to your business within the preceeding year:

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I hereby certify that the statements furnished by me on this application are true and complete to the best of my knowledge and belief, and that I will comply with provisions of applicable City of Wapato ordinances concerned with doing business in Wapato including but not limited to making quarterly financial reports and payments of B & O Tax.

BUSINESS OWNERS TITLES AND SIGNATURES:

DATE: _____	TITLE _____	SIGNATURE _____
DATE: _____	TITLE _____	SIGNATURE _____

YOU MUST NOTIFY THIS OFFICE IF YOU CHANGE YOUR BUSINESS ADDRESS, NATURE OF BUSINESS OR IF YOU ARE NO LONGER DOING BUSINESS IN THE CITY OF WAPATO

DO NOT WRITE BELOW THIS LINE

DEPARTMENT APPROVALS

PUBLIC WORKS				POLICE DEPARTMENT		
Comments:				Comments:		
Initials:	Water	Sewer	Garbage	Initials:		
Date:	Approved		Denied	Date:	Approved	Denied
Planning/Building/Zoning				FIRE DEPARTMENT		
Zoning	Parking	Signs	Type of Construction	Occupancy/Group	Area (sq ft)	
Comments:				Comments:		
Date:	Approved		Denied	Date:	Approved	Denied