

CITY OF CENTRALIA BUSINESS LICENSE APPLICATION

TODAY'S DATE _____

STANDARD _____ TEMPORARY _____ VENDOR/CONSIGNOR/LESSEE _____

TRANSFER OF OWNERSHIP _____ TRANSFER OF LOCATION _____ SAME OWNER - SECOND LOCATION _____

BUSINESS INFORMATION

NAME OF BUSINESS _____

SPECIFIC NATURE OF BUSINESS _____

MAILING ADDRESS _____

CITY/STATE/ZIP CODE _____

ADDRESS IN CENTRALIA WHERE BUSINESS WILL BE CONDUCTED _____

BUSINESS PHONE _____ *STATE TAX ID NUMBER (UBI) _____

CONTRACTORS LICENSE NUMBER (If applicable): _____

*NOTE: THE CITY OF CENTRALIA CAN NOT ISSUE A BUSINESS LICENSE UNTIL YOU OBTAIN A TAX ID NUMBER (MASTER BUSINESS LICENSE - UBI) FROM THE WASHINGTON STATE DEPARTMENT OF LICENSING, TELEPHONE 1-360-664-1400.

OWNER INFORMATION

OWNER'S NAME (WITH MIDDLE INITIAL) _____

HOME ADDRESS _____

CITY/STATE/ZIP CODE _____

HOME PHONE NUMBER _____ DATE OF BIRTH _____

DRIVERS LICENSE NUMBER/STATE _____

**YOUR BUSINESS LICENSE WILL BE MAILED TO YOU AND AT THAT TIME YOU
MAY BEGIN CONDUCTING BUSINESS. YOU MUST DISPLAY THE LICENSE
ON THE PREMISES IN A READILY VISIBLE LOCATION.**

I HAVE COMPLIED WITH ALL REQUIREMENTS AS STATED ABOVE.

SIGNATURE _____ TITLE _____

(DO NOT WRITE BELOW LINE - FOR OFFICE USE ONLY)

SIC # _____

CITY APPROVAL

DATE

DATE

POLICE CHIEF _____

BLDG INSP _____

WASTEWATER _____

SEND HOME OCCUPATION INFO

CITY CLERK _____

HOLD FOR OCCUPANCY APPROVAL

City Clerk's Office ** PO Box 609, Centralia WA 98531 ** 360-330-7670