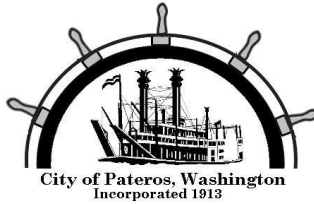


113 Lakeshore Drive  
PO Box 8  
Pateros, WA 98846



Phone: 509.923.2571  
Fax: 509.923.2971  
E-mail: pateros@swift-stream.com

**BUSINESS LICENSE APPLICATION – CITY OF PATEROS**

License Year \_\_\_\_\_ Renewal \_\_\_\_\_ New \_\_\_\_\_ Change \_\_\_\_\_

Check One: Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ Limited Partnership \_\_\_\_\_

Please Type or Print Clearly. Washington UBI Number \_\_\_\_\_

Name of Business: \_\_\_\_\_

Name of Owner/Applicant: \_\_\_\_\_

Home Occupation \_\_\_\_\_ Commercial Site \_\_\_\_\_ Area (Contractor/Door-to-door) \_\_\_\_\_

Business Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Residence Address (if applicable): \_\_\_\_\_

Type of Business: \_\_\_\_\_  
(Please designate retail, wholesale, contractor, office, etc. be specific)

List the respective officers or partners of the Partnership or Corporation with titles, addresses & phone numbers  
\_\_\_\_\_

Business formerly operated by: \_\_\_\_\_ Business License No. \_\_\_\_\_

Opening date of business: \_\_\_\_\_

Number of people employed: \_\_\_\_\_ This should include owners of the business and all employees.

License Fee: \$ \_\_\_\_\_ Penalty \$ \_\_\_\_\_ Total License Fee \$ \_\_\_\_\_

| <u>Fee Schedule</u>             | <u>Penalty Schedule</u>                                      |
|---------------------------------|--|
| Number of Employees             |  |
| 1 to 3..... \$40.00             | Applies to payments received March 1 <sup>st</sup> or after. |
| 4 to 7..... \$45.00             | Delinquent 30 days.....25%                                   |
| 8-20 ..... \$50.00              | Delinquent 30 to 60 days.....50%                             |
| 21-40..... \$55.00              | Delinquent 61 days plus .....75%                             |
| Over 40 ..... \$60.00           |  |
| Temporary or Daily..... \$10.00 |  |

I hereby certify that the statements furnished by me on this application are true and complete to the best of my knowledge and I am authorized to sign.

Signed: \_\_\_\_\_ Title: \_\_\_\_\_

Complete form and mail with remittance to: City of Pateros, PO Box 8, Pateros, WA 98846