

113 Lakeshore Drive  
PO Box 8  
Pateros, WA 98846



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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): \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

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

\_\_\_\_\_

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

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

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

Fee Schedule

Number of Employees	
1 to 3.....	\$35.00
4 to 7.....	\$40.00
8-20 .....	\$45.00
21-40.....	\$50.00
Over 40 .....	\$55.00
Temporary or Daily.....	\$10.00

Penalty Schedule

Applies to payments received March 1 <sup>st</sup> or after.	
Delinquent 30 days.....	25%
Delinquent 30 to 60 days.....	50%
Delinquent 61 days plus .....	75%

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