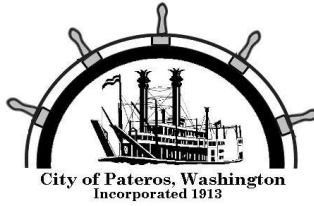


113 Lakeshore Drive
PO Box 8
Pateros, WA 98846



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

2020 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	Applies to payments received March 1 st or after.
1 to 3..... \$55.00	Delinquent 30 days.....25%
4 to 7..... \$60.00	Delinquent 30 to 60 days.....50%
8-20 \$65.00	Delinquent 61 days plus75%
21-40..... \$70.00	
Over 40 \$75.00	
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