



# CITY OF ASOTIN

[www.cityofasotin.org](http://www.cityofasotin.org)

Phone: 509-243-4411 PO Box 517 121 Cleveland Street Asotin WA 99402 Fax: 509-243-1223

## 2017 Business and Occupation License Application Under Ordinance #2009-746 & #2009-747 & #2014-786

### FEES

This fee is not refundable or cannot be prorated.

**\$50.00 Annual Business and Occupation License**

are due by January 31st. (After January 31st \$60.00).

**\$25.00/day or \$100.00 quarter each person Commercial Solicitor License**

**\$15.00/day or \$75.00 quarter Itinerant Merchant License**

### Type of Business Registry

Renewal \_\_\_\_\_ Annual \_\_\_\_\_ Solicitor \_\_\_\_\_ Caterer/Mobile Vendor \_\_\_\_\_ Itinerant \_\_\_\_\_

Today's Date \_\_\_\_\_

Business Name \_\_\_\_\_

Business Physical Address \_\_\_\_\_ Business Phone # \_\_\_\_\_

Business Mailing Address \_\_\_\_\_ Additional Phone # \_\_\_\_\_

E-mail Address \_\_\_\_\_

Washington State Tax UBI#: \_\_\_\_\_ and/or Social Security Number \_\_\_\_\_

Exact Spelling of Business Name that is registered with the State \_\_\_\_\_

Applicant Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Applicant Physical Address \_\_\_\_\_ Applicant Phone # \_\_\_\_\_

Applicant Mailing Address \_\_\_\_\_ Additional Phone # \_\_\_\_\_

Applicant Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

E-mail Address \_\_\_\_\_

### Nature of Business & Business Activity

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Merchandise to be Sold

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietor \_\_\_\_\_ Association \_\_\_\_\_

Partnership Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Partnership Physical Address \_\_\_\_\_ Partnership Phone # \_\_\_\_\_

Partnership Mailing Address \_\_\_\_\_ Additional Phone # \_\_\_\_\_

Partnership Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

E-mail Address \_\_\_\_\_

Please provide two (2) references: List names, addresses and phone number of two business or personal references.

Name \_\_\_\_\_  
Physical Address \_\_\_\_\_ Phone # \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Additional Phone # \_\_\_\_\_  
E-mail Address \_\_\_\_\_

Name \_\_\_\_\_  
Physical Address \_\_\_\_\_ Phone # \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Additional Phone # \_\_\_\_\_  
E-mail Address \_\_\_\_\_

Please List all Persons who will be selling

Name \_\_\_\_\_  
Physical Address \_\_\_\_\_ Phone # \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Additional Phone # \_\_\_\_\_  
E-mail Address \_\_\_\_\_

Name \_\_\_\_\_  
Physical Address \_\_\_\_\_ Phone # \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Additional Phone # \_\_\_\_\_  
E-mail Address \_\_\_\_\_

Name \_\_\_\_\_  
Physical Address \_\_\_\_\_ Phone # \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Additional Phone # \_\_\_\_\_  
E-mail Address \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_

**Emergency Contact Information**

In the case of an emergency, please provide us with three (3) names and telephone numbers that you wish us to contact.

Name \_\_\_\_\_  
Physical Address \_\_\_\_\_ Phone # \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Additional Phone # \_\_\_\_\_  
E-mail Address \_\_\_\_\_

Name \_\_\_\_\_  
Physical Address \_\_\_\_\_ Phone # \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Additional Phone # \_\_\_\_\_  
E-mail Address \_\_\_\_\_

Name \_\_\_\_\_  
Physical Address \_\_\_\_\_ Phone # \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Additional Phone # \_\_\_\_\_  
E-mail Address \_\_\_\_\_

Date Received: \_\_\_/\_\_\_/\_\_\_ By: \_\_\_\_\_ Date Issued: \_\_\_/\_\_\_/\_\_\_ By: \_\_\_\_\_