

Application for City Business License



YEARLY SCHEDULE OF FEES		
NUMBER OF PERSONS		FEE
1- 5...		\$50.00
6- 15...		\$100.00
16- 50...		\$150.00
51- 100...		\$200.00
101- ABOVE		\$250.00

APPLICATION DATE _____

OPENING DAY OF BUSINESS _____

ANNUAL LICENSE: NEW BUSINESS RENEWAL

LICENSE NUMBER: _____

BUSINESS: CORPORATION PARTNERSHIP SOLE PROPRIETOR
 IF CORP.,
 INCORPORATED UNDER LAWS OF WHAT STATE? _____

FEE MUST ACCOMPANY APPLICATION

BUSINESS NAME	BUSINESS NAME
MAILING ADDRESS	ADDRESS
E-MAIL ADDRESS	BUSINESS PHONE NO'S

TYPE OF BUSINESS/SERVICES OR MERCHANDISE OFFERED	HOME OCCUPATION? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL PEOPLE EMPLOYED	FEES DUE
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OWNER'S NAME _____ ADDRESS _____
 CITY _____ PHONE _____

LIST PARTNERS/ CORPORATE OFFICERS	TITLE	HOME ADDRESS	CITY	ZIP	HOME PHONE

IF YOU ARE A CONTRACTOR, WHAT IS YOUR STATE LICENSE NUMBER? _____ IS THIS A GENERAL _____ OR A SPECIALTY _____ LICENSE
 EXPIRATION DATE _____ IF BOND OR CERTIFICATE OF INSURANCE IS REQUIRED, GIVE EXPIRATION DATE _____

DO YOU STORE FLAMMABLE OR HAZARDOUS MATERIALS IN BLDG? YES <input type="checkbox"/> NO <input type="checkbox"/> IF SO, TYPE & QUANTITY _____	DO YOU HAVE AMUSEMENT DEVICES ON PREMISES? YES <input type="checkbox"/> NO <input type="checkbox"/> NUMBER _____	WASHINGTON REVENUE REGISTRATION NUMBER _____
DOES THE BUILDING HAVE AUTOMATIC SPRINKLER _____ OR FIRE ALARM SYSTEM? _____		
DO YOU HAVE A FIRE DEPT. KEY BOX? YES <input type="checkbox"/> NO <input type="checkbox"/>		

DO YOU HAVE A COMMERCIAL SIGN? YES NO IF SO, HAVE YOU COMPLETED A SIGN PERMIT? YES NO

IN CASE OF EMERGENCY REGARDING YOUR BUSINESS PREMISE, PLEASE FURNISH AFTER-HOUR CONTACT INFORMATION.
 (REPORT CHANGE IMMEDIATELY TO CITY HALL)
 A. _____ B. _____
 MANAGER/ OPERATOR EMERGENCY PHONE NAME EMERGENCY PHONE

IMPORTANT - READ AND SIGN BELOW - RETURN WITH FEE - VALIDATED LICENSE WILL BE MAILED TO YOU
 I CERTIFY THE ABOVE INFORMATION IS CORRECT (MAKE ANY CORRECTIONS AS NEEDED, INCLUDING FEES DUE)

SIGNED BY X _____ OFFICER/TITLE X _____

MAKE CHECKS PAYABLE TO: CITY TREASURER, CITY OF SUNNYSIDE, 818 E. EDISON AVE., SUNNYSIDE, WA 98944

OFFICE USE ONLY	DO NOT WRITE BELOW THIS LINE	OFFICE USE ONLY
BUILDING DEPT. YES _____ NO _____ INITIAL _____ DATE _____	DATE _____ FEE _____	
PLANNING DEPT. YES _____ NO _____ INITIAL _____ DATE _____	TREAS. RECEIPT NO. _____	
FIRE DEPT. YES _____ NO _____ INITIAL _____ DATE _____	PENALTY _____	