



City of Battle Ground

109 SW 1st Street, Suite 127, Battle Ground, WA 98604

Out-of-City Application for Business License

Instructions:

- Please **print** or **type**.
- Attach additional paper if needed.
- Application must be signed.
- Please answer **all** questions or indicate question does not apply.
- If the form is not fully completed, a delay in processing the application can occur.

<i>Official use only:</i>	
Date	_____
Receipt #	

1. Name of Business: _____
 DBA (if applicable): _____
 Business Phone: _____
 Business Address: _____
 City/State/Zip: _____
 Mailing Address: (If different from Business Address) _____
 City/State/Zip: _____

2. Is your gross revenue less than two thousand dollars per year?
 Yes
 No

3. Is this a non-profit organization?
 Yes, please provide a copy of IRS 501(c)(3) Federal Tax Exemption Certification
 No

4. Type of Ownership:
 Corporation
 Limited Liability Company
 Partnership
 Sole Proprietor
 Not Applicable

5. List names of all Owner(s), Partners or Officers: (Attach additional sheets of paper if needed)

	(1)	(2)
Name:	_____	_____
Address:	_____	_____
City/State/Zip:	_____	_____
Homes Phone #:	_____	_____
Alt. Phone #:	_____	_____
Dr. Lic. #: & State:	_____	_____

6. Emergency Notification:

	(1)	(2)
Name:	_____	_____
Address:	_____	_____
City/State/Zip:	_____	_____
Home Phone #:	_____	_____
Alt. Phone #:	_____	_____

7. Type of Business:

- Bank/Credit Union
- Business/Professional Office (Real Estate, Insurance, Attorney, etc.)
- Child Care/Education Services
- Contractor (Washington License # _____)
- Health Services (Medical, Dental, etc.)
- Landscape, Lawn & Garden Service
- Manufacturing
- Massage Therapist
- Membership Organizations
- Recreation Services (Martial Arts, Dance, etc.)
- Restaurant
- Retail
- Veterinary
- Wholesale
- Services (Please Specify) _____
- Other (Please Specify) _____

8. Please check one of the following:

- This business has a current Washington State Master Business License. Washington State Department of Revenue Tax Number (UBI): _____
- This business is in the process of obtaining a Washington State Master Business License.
- This business does not require a Washington State Master Business License.

NOTE: Application must have the name and nature of the business, business addresses, business owner information, emergency notification name and address, and the type of business. No license will be issued if this information is not present. This application is subject to RCW Chapter 42.17 regarding disclosure of public documents.

I certify the above information is correct:

Applicant's Signature

Print Name

Title

Date

Fee Schedule:

Initial Application Fee*	\$20.00	\$ _____
Business License Fee *	\$35.00	\$ _____

***501(c)(3) and business doing less than \$2,000 per year are exempt from these fees.**

TOTAL REMITTED \$ _____

Official Use Only

Planning Signature *Date*

Contractor Home Occupation

Control # _____
License # _____