

TOWN OF WILKESON

540 Church St.
P.O. Box 89
Wilkeson, WA 98396



Application for 2016/2017 Town Business

**FILL OUT THIS FORM IN ITS ENTIRETY
INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED**

*This is an APPLICATION ONLY—not a license to conduct business.
You must obtain a business license PRIOR to conducting business.*
ALL LICENSES EXPIRE JUNE 30, 2017.

*** Non-refundable, non-prorated annual fee***

Business (in town)	\$30.00
Business (outside town)	\$50.00

Business License: Renewal New

SECTION I. BUSINESS INFORMATION

Business Name _____
Physical Address _____ City _____ State _____ Zip _____
Mailing Address (if different) _____ Business Phone # _____
City _____ State _____ Zip _____
State of WA/Dept. of Revenue# _____ Contractor's License # _____
DESCRIPTION OF BUSINESS (give job site address if applicable): _____

SECTION II. APPLICANT/CONTACT INFORMATION

Contact Name (Who do we talk to if we have a question?) *please print* _____
Address (if different from above) _____
City _____ State _____ Zip _____ Contact Phone # _____
Contacts Email Address: _____

SECTION III. (Complete this section ONLY if your business is physically in Town Limits)

(If Owner) Do you own your business location? Yes No If not, complete Landlord/Property Manager Information: Landlord's Name _____
Address _____ Phone _____
Is this an existing building? _____ Will you be changing the structure of the building? _____
If "yes", Please explain: _____
Does current site have parking facilities: No Yes EMERGENCY PHONE# _____
Will you be: Installing new signage Using existing signage

SECTION IV. SIGNATURE

I hereby affirm that this application is true under penalty of perjury under the laws of the state of Washington.

APPLICATION SIGNATURE _____ DATE _____
(Please PRINT signature name legibly) _____

OFFICE USE ONLY

Approved by: _____ Business License# _____ TR# _____
Approvals: Zoning _____ Fire _____ Building _____