Business License #: _____
Fee: $_____
Receipt #: _____
Date: _____

TOWN OF WOODWAY
BUSINESS LICENSE APPLICATION

(Note: This is an APPLICATION ONLY and not a license to conduct business)

Please answer **ALL** of the following questions. If a question does not apply to your business, write N/A in the blank.

Business/Company Name _____

Type Of Business _____

Mailing Address _____

City / State / Zip _____

Street Address (If Different) _____

City / State / Zip _____

Local Business Telephone ( ) _____

Washington State Excise Tax / UBI Number _____

☐ Sole Proprietor ☐ Partnership ☐ Corporation ☐ LLC

Year Business Began _____ Number of Employees _____

Washington State Professional License No. _____

Expires: Month _____ Year _____

Owner / Officer Name _____

Address _____

City / State / Zip _____

Telephone No. _____

Owner / Officer Name _____

Address _____

City / State / Zip _____

Telephone No. _____

The undersigned applicant for a business license certifies that the information provided within this application is correct and accurate. The applicant acknowledges that his/her business license is subject to suspension or revocation if false or misleading information is provided. Violation of any of the conditions and requirements of Woodway Business License Ordinance No. 97-328 will result in the loss of his/her business license and the forfeiture of any fee paid.

APPLICANT: _____
Signature Name (printed) Date

Please Attach a Photocopy of Your Current Contractor's License.