



THE TOWN OF WOODWAY

23920 113th Place W. • Woodway • WA 98020
 206.542.4443 • 206.546.9453 fax
 www.townofwoodway.com

| |
|---------------------|
| Business License #: |
| Date Received: |

BUSINESS LICENSE APPLICATION

Expiration Date: December 31, 2009

(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: |
| Phone Number: |
| Email Address: |
| Street Address (If Different): |
| City/State/ZIP: |

| | | | |
|--|--------------------------------------|--------------------------------------|------------------------------|
| <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Partnership | <input type="checkbox"/> Corporation | <input type="checkbox"/> LLC |
| Washington State Excise Tax / UBI Number: | | | |
| Year Business Began: | | Number of Employees: | |
| Washington State Professional License Number (L&I Contractor Registration Number): | | | |
| Expires: | | | |
| Owner / Officer Name: | | | |
| Address: | | | |
| City/State/ZIP: | | | |
| Phone Number: | | | |
| Owner / Officer Name: | | | |
| Address: | | | |
| City/State/ZIP: | | | |
| Phone Number: | | | |

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 WMC Section 4.01 will result in the loss of his/her business license and the forfeiture of any fee paid.

APPLICANT: _____
 Signature Printed Name Date

Please attach a photocopy of your current L&I Contractor's Registration Card or professional license and your \$50 license fee