



TOWN OF WOODWAY

23920 113th Place W. · Woodway, WA 98020
206.542.4443 · 206.546.9453 fax
<http://www.townofwoodway.com>

FOR OFFICE USE ONLY
License #:
Date Received:

BUSINESS LICENSE APPLICATION

License will expire on December 31

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

Business/Company Name:
Type of Business:
Mailing Address:
City/State/ZIP:
Phone Number:
Email Address:
Street Address (If Different):
City/State/ZIP:

Washington State Excise Tax / UBI Number:
WA State Professional License # (L&I Contractor Registration #, Real Estate License #, etc.):
Expires:
Owner / Officer Name:
Address:
City/State/ZIP:
Phone Number:
Owner / Officer Name:
Address:
City/State/ZIP:
Phone Number:

- My business has a physical location within the Town limits. I confirm that my business complies with WMC 4.01.060 and have attached the Home Occupation supplement to this application.
- My business has a physical location within the Town limits and I anticipate that the annual value of products, gross proceeds of sales, or gross income of the business in the Town is equal to or less than \$2,000. I am applying for a no-fee permit.
- I am exempt from the L&I Contractor Registration requirements and have included a letter of explanation

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