



TOWN OF SOUTH PRAIRIE

121 NW WASHINGTON STREET - PO BOX F - SOUTH PRAIRIE, WA 98385

BUSINESS LICENSE APPLICATION

LICENSE #: _____ RECEIPT #: _____ CHECK #: _____

Name of Business: _____

Business Location: _____ Business Phone #: _____

Type of Business: _____

Owner's Name: _____

Mailing Address: _____
City/State ZIP

DEPARTMENT OF REVENUE OR UBI NO: _____

FOR CONTRACTORS ONLY:

Copy of L&I License MUST accompany application: License #: _____ Expiration: ____/____/____

Enter greatest number of employees (self-employed persons included): _____

*Note: To verify the number of employees, copies of the last four (4) quarterly reports to Employment Security must be included with your Business License Application. Failure to do so could result in the delay of the issuance of the Business License. (Fee is per calendar year, or any part thereof).

1 or 2 employees - \$25.00	13 to 25 employees - \$250.00	<u>FIREWORKS STANDS</u>
3 to 5 employees - \$50.00	26 to 50 employees - \$500.00	Deposit - \$50.00
6 to 12 employees - \$100.00	51 + employees - \$750.00	License Fee - \$10.00

I hereby certify that the foregoing is true and correct and I will operate my business in accordance with the laws of the Town of South Prairie, as defined in Ordinances 101, 128, 132 and 363, and the laws of the State of Washington:

SIGNED: _____ DATE: _____

*****BUSINESS LICENSE RENEWAL APPLICATION AND FEES ARE DUE ON OR BEFORE JANUARY 31ST OF EACH YEAR*****

FOR OFFICIAL USE ONLY

COMMERCIAL ____ CONTRACTOR ____ HOME ____ FIREWORKS ____ TEMPORARY ____ VENDING ____

AUTHORIZED SIGNATURES:

TOWN PLANNER: _____	DATE: _____
BUILDING DEPT: _____	DATE: _____
POLICE DEPT: _____	DATE: _____
FIRE CHIEF: _____	DATE: _____
MAYOR: _____	DATE: _____
TOWN CLERK: _____	DATE: _____

License Application is for a: New Business _____ Renewal _____ Name/Ownership Change _____

OFFICE: (360) 897.8878 FAX: (360) 897.8717 E-MAIL: TOWNOFSOPRAIRIE@AOL.COM
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