



**CITY OF ROYAL CITY**

445 CAMELIA STREET NE

P.O. BOX 1239

ROYAL CITY, WA 99357

509-346-2263 PHONE

**2012 BUSINESS LICENSE APPLICATION**

Date \_\_\_\_\_

1. Name of Business \_\_\_\_\_ Phone \_\_\_\_\_

2. Physical Address \_\_\_\_\_

3. Mailing Address \_\_\_\_\_

4. Tax I.D. Number or UBI Number \_\_\_\_\_

*License will not be issued without this number*

5. Name(s) of owners and all persons having a proprietary interest in the business:

\_\_\_\_\_

6. Is this application for a new license or renewal license? New  Renewal

7. Check appropriate boxes: Corporation  Partnership  Sole Proprietor  Association   
Peddler/Solicitor  (background check required)

8. Description of business \_\_\_\_\_

9. Description of vehicle (if mobile business) \_\_\_\_\_

10. Number of persons, including owners, working in or for business \_\_\_\_\_

11. **Schedule of Fees: \$50 General Business (\$25 for each additional business under the same roof)**

**\$100 Businesses serving Alcohol**

**\$600 Mobile Businesses (i.e. Taco Wagons)**

**\$100 Fire Inspection (New Business)**

*\*\*\*NOTICE: Issuance of a license pursuant to this application shall not constitute an assurance or representation that the business, or its location, complies with applicable local, state or federal laws. All licensees shall be responsible for complying fully with all such laws.*

**Signature of Applicant**

**Date**

\*\*\*\*\*CITY CLERK'S USE ONLY- PLEASE DO NOT WRITE BELOW THIS LINE\*\*\*\*\*

Business License # \_\_\_\_\_ \$ \_\_\_\_\_

Penalty \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL \$ \_\_\_\_\_**

Check# \_\_\_\_\_ or Cash  Receipt # \_\_\_\_\_

Issued at office  or Mailed

Date License Issued \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_