



CITY OF EPHRATA

121 ALDER STREET SW

EPHRATA, WA 98823

TEL: 509/754-4601

FAX: 509/754-0912

ephrata.org

Fee: \$80.00

Renewal: \$50.00

BUSINESS LICENSE APPLICATION

Type of License: New Business Name Change Location Change Ownership Change
 Itinerant Vendors Exempt Non-Profit Peddler

Is this a home occupation? No Yes

Non-Profit Number _____

State Tax # or UBI # _____

WA State Contractors Number _____ Expiration Date: _____

REPORT SALES OR USE TAX WITH LOCATION CODE 1309

The following information is required by City Code 5.03.050

Please include floor plan/parking plan

Date of Application _____

Business Name _____ Type of Business _____

Business Owner Name _____

First Name

Middle Initial

Last Name

Business Address _____

Address

City/State/Zip

Business Phone _____ Business Owner DOB _____

Name of Person(s) Managing Business _____

First Name

Middle Initial

Last Name

The capacity in which such person will act _____ (i.e. owner, agent, manager etc.)

Address _____

Address

City/State/Zip

DOB _____ Identification Verified? Yes No Type of ID: _____

Unless a corporation/LLC then only on manager/supervisor

(NOT APPLICABLE FOR BUSINESSES LOCATED OUTSIDE CITY LIMITS)

Property Owner _____ Property Phone _____

Address _____

Adress

City/State/Zip

For home occupations, give location of business within home (business may not be conducted in an accessory building and may not be more than 30% of residence).

Has the owner or person(s) who is managing or supervising the business ever been convicted of a crime, misdemeanor or the violation of any municipal code and the nature of such offense and the punishment assessed therefore?

Yes No If yes, please explain

If temporary or itinerant, the length of time during which it is proposed that said business shall be conducted:

Please list addresses where business has been conducted during the six months immediately preceding the date of this application for any peddler activities or any transient business:

Please attach a letter of authorization from person, firm or corporation for which applicant proposes to do business for. EXEMPTION EMC 5.03.040(e): Small or part-time businesses, professions or trades with annual gross income of less than \$5,000 per year are exempt from payment of this license fee. (This exception does not apply to temporary/itinerant vendors).

Signature certifying exemption Date

CERTIFICATION:

I hereby certify under penalty of perjury that the foregoing information is true and correct to the best of my knowledge.

Signature of applicant, partner or President Date

FOR CITY USE ONLY
ZONE
Planning Department Approved by:
Building Official Approved by:
Fire Department Approved by:

Background check verification Date:
Grant County Health Department approval Date:

Type #:
Account Number Receipt Number Date Received by