

Acct # _____
Date issued _____
Receipt # _____

CITY OF EPHRATA
121 ALDER ST SW
EPHRATA, WA 98823
509-754-4601
Fax 509-754-0912

FEE \$80.00

APPLICATION FOR BUSINESS LICENSE

The following information is required by City Code 5.03.050

Date of Application: _____ Business Phone No. _____

Full name, address and date of birth of person, firm _____
or corporation in whose account the business will _____
be conducted:(If a corporation, under the laws of _____
what State the same is incorporated and the name _____
of the registered agent for service of process.) _____

Full name(s), address and date of birth of _____
person(s) managing business: (copy of photo _____
ID or drivers license) _____

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

Name and address(s) of Business: _____

Include floor plan/parking plan. _____

Kind and/or type of business: _____

For home occupation, 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 therefor:

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

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:

Attach letter of authorization from person, firm or corporation for which applicant proposes to do business for.

Contractor License No.: _____
Tax ID No. or UBI No.: _____
Drivers License No.: _____

Exemption EMC 5.03.040 (e): For small or part-time __ businesses, professions or trades with annual gross income 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

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

Approved by: _____ Fire Department

Approved by: _____ Building Official

Approved by: _____ Planning Department

Approved by: _____ Police Department