



CITY OF ROYAL CITY
445 CAMELIA STREET NE
P.O. BOX 1239
ROYAL CITY, WA 99357
509-346-2263 PHONE

BUSINESS LICENSE APPLICATION

Date _____

1. Name of Business _____ Phone _____

2. Business Address _____

3. Mailing Address _____

3. Tax I.D. Number or UBI Number _____

License will not be issued without this number

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

5. Check appropriate box: Corporations ___ Partnership ___ Sole Proprietor ___ Association ___

6. Type of business engaged in _____

7. Number of persons, including owners working in or for business _____

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

9. **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)

****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.*

10. Signature of Applicant _____ Date _____

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

Date Received _____ Business License # _____ \$ _____

By _____ Other Licenses _____ \$ _____

Receipt N. _____ Penalty _____ \$ _____

TOTAL \$ _____