



*Please Check*  
 New Application  
 Change of Owner  
 Change of Address  
 Change of Business Name

## BUSINESS LICENSE APPLICATION

**PLEASE COMPLETE AND SIGN APPLICATION**

**OFFICIAL USE ONLY**

Business Name \_\_\_\_\_  
 Corporate Name (if applicable) \_\_\_\_\_  
 Business Location \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_  
 Description of Business \_\_\_\_\_

Business License No. \_\_\_\_\_  
 SIC/NAIC CODE \_\_\_\_\_  
 (In Hoquiam)  
 Bus. Start Date \_\_\_\_\_  
 WA State UBI No \_\_\_\_\_  
 State Lic. Type \_\_\_\_\_  
 State Contracting No \_\_\_\_\_  
 Ownership  Corporation  Corp-Lid Liability  
 Partnership  Sole Proprietor  
 Trust  Non-Profit  
 Must be less than 3,000 yearly revenue  
 Home Occupation  Yes  No

**NATURE OF BUSINESS:** (as many as apply)  
 Retail  Miscellaneous  Manufacturing  Extracting  Phone  
 MFG-Pulp  Service  Construction  Wholesale  Professional

**Enter the names of owners, partners and controllers (attach additional sheets if necessary)**

**1st Owner Name** \_\_\_\_\_ **Title** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_  
**Home Address** (Cannot be P.O. Box) \_\_\_\_\_ **Driver Lic. No.** \_\_\_\_\_  
 \_\_\_\_\_ **Soc. Sec. No.** \_\_\_\_\_  
**Home Phone No.** \_\_\_\_\_ **Cell / Pager No.** \_\_\_\_\_  
**2nd Owner Name** \_\_\_\_\_ **Title** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_  
**Home Address** (Cannot be P.O. Box) \_\_\_\_\_ **Driver Lic. No.** \_\_\_\_\_  
 \_\_\_\_\_ **Soc. Sec. No.** \_\_\_\_\_  
**Home Phone No.** \_\_\_\_\_ **Cell / Pager No.** \_\_\_\_\_

Application for Special City License(s) - (All fees are due by January 31 and are for the calendar year). Please check the following as it applies to your business, and include additional fees with your payment, if applicable:

Check Box	License Type	License Amount	Quantity	Total
<input type="checkbox"/>	Basic License Fee or Home Occupation Fee	\$ 50.00 \$ 25.00	N/A N/A	
<input type="checkbox"/>	Rental License: (Maximum Fee - \$50.00)	\$ 50.00	N/A	
<input type="checkbox"/>	3 or more residential units	\$ 50.00	N/A	
<input type="checkbox"/>	1 or more commercial or industrial units			
<input type="checkbox"/>	Transient Merchant (per day)	\$ 25.00		
<input type="checkbox"/>	Gambling Tax Registration	No Fee	N/A	
<input type="checkbox"/>	Master Operators (per machine) New license July 1 to December 31	\$ 50.00 \$ 25.00		
<input type="checkbox"/>	Cabaret License	\$120.00		
<input type="checkbox"/>	Mobile Home Park	\$ 25.00		
<input type="checkbox"/>	Taxi Cab (per vehicle) (attach supplemental form)	\$ 50.00		
<input type="checkbox"/>	Vending Machines: (Maximum Fee - \$75.00)			
	1st machine	\$ 10.00		
	Each additional machine (up to 13 machines)	\$ 5.00		
<input type="checkbox"/>	Adult Entertainment (attach supplemental form)	\$500.00		

<p align="center"><b>RETURN APPLICATION TO ABOVE ADDRESS AND MAKE CHECK PAYABLE TO CITY OF HOQUIAM.</b></p> <p align="center"><i>Thank you for doing business in the City of Hoquiam</i></p>	Total Basic License Fee	_____
	Total Misc. License Fee	_____
	Late Penalty (10% per month or portion of a month after Jan. 31)	_____
	Total Amount Due	_____

I HEREBY DECLARE UNDER PENALTY OF PERJURY, THAT THE INFORMATION IS TRUE AND CORRECT.

Signature of Owner or Representative: \_\_\_\_\_ Date: \_\_\_\_\_  
 Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

**For Official Use only**

**DEPARTMENT APPROVAL:**

Building \_\_\_\_\_  
 Planning \_\_\_\_\_  
 Police \_\_\_\_\_  
 Fire \_\_\_\_\_

**FINANCE DEPARTMENT:**

Date Paid: \_\_\_\_\_  
 Amount Paid: \_\_\_\_\_  
 Receipt #: \_\_\_\_\_