



CITY of HOQUIAM

609 8th Street Hoquiam, WA 98550 360.532.5700 ext 218, Fax 360.532.2306

Please Check

- New Application
- Change of Ownership
- Change of Address
- Change of Business Name

BUSINESS LICENSE APPLICATION

PLEASE COMPLETE AND SIGN APPLICATION

Business Name: _____ Corporation Name: _____ (if applicable) Business Location: _____ Mailing Address: _____ Phone Number: _____ Fax No. _____ Description of Business: _____ Nature of Business: (check all that apply) <input type="checkbox"/> Retail <input type="checkbox"/> Professional <input type="checkbox"/> Service <input type="checkbox"/> Manufacturing <input type="checkbox"/> Construction <input type="checkbox"/> Phone <input type="checkbox"/> Wholesale <input type="checkbox"/> Extracting <input type="checkbox"/> Miscellaneous	OFFICIAL USE ONLY Business License No. _____ SIC/NAIC Code: _____ Business Start Date: _____ (In Hoquiam) WA State UBI No. _____ State License Type: _____ State Contracting No. _____ Type of Ownership: <input type="checkbox"/> Corporation <input type="checkbox"/> Corp. Ltd. Liability <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Trust <input type="checkbox"/> Non-Profit
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1st Owner Name: _____ Title: _____ DOB: ____/____/____
 Home Address: _____ Driver Lic. # _____
 Home Phone: _____ Cell Phone: _____ SS # _____ - _____ - _____
 2nd Owner Name: _____ Title: _____ DOB: ____/____/____
 Home Address: _____ Driver Lic. # _____
 Home Phone: _____ Cell Phone: _____ SS # _____ - _____ - _____

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.

License Type	License Fee	Quantity	Total
<input type="checkbox"/> Basic License Fee:	\$50.00	NA	
<input type="checkbox"/> Home Occupation: (Must be less than \$3,000 yearly revenue and inside Hoquiam city limits)	\$25.00	NA	
<input type="checkbox"/> Rental License: <input type="checkbox"/> 3 or more Residential units <input type="checkbox"/> 1 or more Commercial or Industrial units	\$50.00	NA	
<input type="checkbox"/> Transient Merchant: (per day)	\$25.00		
<input type="checkbox"/> Gambling Tax Registration:	No Fee	NA	
<input type="checkbox"/> Master Operators: (per machine)	\$50.00		
<input type="checkbox"/> New License July 1 to December 31	\$25.00		
<input type="checkbox"/> Cabaret License:	\$120.00		
<input type="checkbox"/> Manufacture 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)			
<input type="checkbox"/> 1 st machine	\$10.00		
<input type="checkbox"/> Each additional machine up to 13	\$5.00		
<input type="checkbox"/> Adult Entertainment: (attach supplemental form)	\$500.00		

RETURN APPLICATION TO ABOVE ADDRESS AND MAKE PAYABLE TO CITY OF HOQUIAM Thank you for doing business in the City of Hoquiam	Total Basic License Fee	
	Total Misc. License Fee	
	Late Fee (10% per month or portion thereof after Jan 31)	
	Total Amount Due	

I HEREBY DECLARE UNDER PENALTY OF PERJURY, THAT THE ABOVE 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: _____