

**CITY OF SELAH  
BUSINESS LICENSE APPLICATION**

CITY HALL, 115 W Naches Avenue  
Selah, Washington 98942 509-698-7326

Fee Paid	___/___/___
Issued	___/___/___
Receipt#	_____
License#	_____

When you have completed this application form, return it to the City Hall License Clerk. **The license fee must accompany the application.** Following approval the office will mail your license to you.

Business Name: \_\_\_\_\_ Application date: \_\_\_ / \_\_\_ ; \_\_\_

Business Street Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Is the Business located inside City limits? \_ Yes \_ No Business open date \_\_\_\_\_; \_\_\_\_\_; \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_  
Email address: \_\_\_\_\_

UBI No.: \_\_\_\_\_ Class: \_ Individual \_ Association \_ Partnership \_ Corporation \_ Other  
(Specify) \_\_\_\_\_

Type of Business (Be Specific) \_\_\_\_\_

If you use any **chemical material** in the course of your business please **provide MSDS** with your application.

Are you a general or specialty construction contractor? Yes No If yes, provide contractor's license  
# \_\_\_\_\_

Number of Owners/Employees \_\_\_\_\_ (If number fluctuates, show maximum.)

Name (s) of owner (s) or the Officers of Business Entity:

_____	_____	_____
Name and Title	Resident Address	Phone

_____	_____	_____
Name and Title	Resident Address	Phone

List individuals authorized to grant emergency access to business:

_____	_____	_____
Name	Address	Phone

_____	_____	_____
Name	Address	Phone

<b>Annual Business License fee:</b>	I - 10 employees	\$ 50.00
	11- 50 employees	\$ 100.00
	> 50 employees	\$ 200.00

**I certify under penalty of perjury, that the above information is true and correct to the best of my knowledge and belief.**

_____	_____	___ / ___ / ___
Name and Title (Print or Type)	Signature	Date