

**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: _____ City _____ State _____ Business Phone: _____

Is the Business located inside **Selah** City limits? Yes No Business open date ___/___/___

Email address: _____

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 employees _____

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

Annual Business License fee:	1 – 10 employees	\$50.00
	11– 50 employees	\$100.00
	Over 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