

**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 \_\_\_\_\_

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

<b>Annual Business License fee:</b>	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