



Treasurer's Office
 407 Birch Ave SW, P. O. Box 810 Napavine, WA
 98565 Phone: (360) 262-3547 Fax: (360) 262-9199
 www.napavine.wa.gov

Application for Temporary Business License

License Period: 30 Days

Fee must accompany application – Non-Refundable

Date of Application: _____

Business Name: _____

Business Phone: _____

Business Street Address: _____

Business Mailing Address: _____

Kind of Business: Retail Wholesale Service Manufacturing Soliciting
 Financial Institution Real Estate Other: _____

Description of Business: (Give details, i.e., Retail/Wholesale – what is sold; Service – type of service provided, etc.): _____

Ownership Status: Sole Proprietorship Partnership Corporation

List Owners, Partners, or Officers:

Name	Title	Residence Address	Residence Phone

Has applicant been issued a City of Napavine business license within the last twelve months?

Yes # _____ No

If **Sole Proprietorship**, Social Security Number: _____

If Partnership or Corporation, Federal ID Number (FEIN): _____

Washington State Department of Revenue Number (UBI): _____

Other Federal, State or Local Business-Related Licenses: _____
 (E.G., contractor's license, cosmetology license, day care center license, travel agent license, etc.)

LOCAL AGENT/CONTACT PERSON FOR AFTER-HOURS EMERGENCIES:

Order	Name	Address	Phone Number
1.			
2.			
3.			

THE UNDERSIGNED HEREBY APPLIES FOR A CITY OF NAPAVINE BUSINESS LICENSE AND HEREBY CERTIFIES THAT THE INFORMATION SHOWN ON THIS APPLICATION IS FULL AND TRUE TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF:

Printed Name: _____

Title: _____

Signature: _____

Phone Number: _____