

**BUSINESS LICENSE # \_\_\_\_\_ -Office Use Only**

**BUSINESS LICENSE APPLICATION (ORDINANCE #1460)**

**CITY OF MONTESANO – 112 NORTH MAIN – MONTESANO, WA 98563**

**PHONE # 360-249-3021/FAX #360-249-3690**

***\$50.00 ANNUAL FEE MUST ACCOMPANY APPLICATION***

Business Name _____	Telephone # _____
Business Address _____	State Tax # _____
City, State & Zip _____	Federal ID# _____
Contractor's Registration # _____	

Applicant's Name _____	Telephone # _____	
(Please Print)		
Applicant's Residence Address _____		
Street Name & #	City, State & Zip	
Individual _____	Partnership _____	Corporation _____
If partnership, list partners. If corporation, list officers. (Name, Address & Phone #)		

TYPE OF BUSINESS:	KIND OF PRODUCT, SALES, SERVICE:
Manufacturing _____	_____
Wholesaling _____	_____
Retailing _____	_____
Services & Other Activities _____	_____
Other (Describe) _____	_____

NAME: _____	DATE: _____
SIGNATURE: _____	