

CITY OF KELSO

Finance Department
203 S.Pacific,Ste 102
P.O. Box 819
Kelso, WA 98626
(360) 423-0900
e-mail – lwetle@kelso.gov

Please Read Carefully
Complete and Return
ALL INFORMATION
Both Pages

Year Ending
Dec. 31 st

Receipt No. _____

**CITY OF KELSO
BUSINESS LICENSE APPLICATION
FEE MUST ACCOMPANY APPLICATION**

TO BE ISSUED TO: _____

NAME OF BUSINESS _____

BUSINESS LOCATION _____

MAILING ADDRESS _____ PHONE _____

TYPE OF BUSINESS: Circle One	HOME OCCUPATION	OWNERSHIP STATUS	Total No.
Wholesale Financial inst. Retail Services	Yes	Individual Corporation of employees	
Manufacturing Contractor Other	No	Partnership Nonprofit	

**DETAILED DESCRIPTION
OF
BUSINESS**

OWNER, PARTNERS OR OFFICERS, TITLE	RESIDENCE ADDRESS	CITY/STATE	ZIP	PHONE
1. _____	_____	_____	_____	_____

DATE OF BIRTH	DRIVERS LICENSE#	STATE
2. _____	_____	_____

DATE OF BIRTH:	DRIVERS LICENSE#	STATE
_____	_____	_____

Contractor No.	Exp.Date	WASHINGTON STATE UBI#
_____	_____	_____

MANDATORY, AFTER HOURS EMERGENCY CONTACT NUMBER:

THE FOLLOWING INFORMATION IS REQUIRED BY STATE DO YOU STORE HAZARDOUS MATERIALS?

3. _____ PHONE _____ YES ___ NO ___ QUANTITY _____

4. _____ PHONE _____ TYPE _____

RENEWAL DUE DATE – JANUARY 31 ST

FEES: New License - \$50 Renewal - \$50 Penalty \$25 – if late filing (AFTER JAN 31 ST)

SIGNED BY: _____ PRINTED NAME: _____

TITLE: _____ LAST FIRST MI

I certify that the information shown on this application is true and correct to the best of my knowledge. Additional permits may be necessary before the owner can commence business. Call (360) 423-0900 for information. This registration certificate is only for the business location listed above. If you change your business address or nature of business, please return your business license to the City Clerk’s Office and a new license shall be issued.

FOR OFFICE USE ONLY:

REVIEWED BY:	COMMENTS
FIRE Yes No By _____	_____
kPD Yes No By _____	_____
Com.Dev Yes No BY _____	_____
Eng Yes No By _____	_____

We authorize the City of Kelso to conduct a background investigation into my/our business.

I understand this authorization is optional and I'm not required to sign as a condition to obtain a Certificate of Registration.

SIGNATURE _____

PLEASE ACKNOWLEDGE:

The City's issuance of this Certificate is for the purpose of regulating B & O Tax collections only and in no way verifies or otherwise certifies that the business or business location is in compliance with other City Ordinances or Regulations.

INITIALS _____