



APPLICATION FOR TEMPORARY LICENSE

Phone (425) 888-1555

Fax (425) 831-6041

CITY OF SNOQUALMIE

Finance Officer

P.O. Box 987, Snoqualmie, Washington 98065

This Application is for a New (License No. *To Be Assigned* _____) Renewal (License No. _____)

Temporary License Fees:

Please Check The Appropriate License Type You Are Applying For

Type	Time Frame	Fee
<input type="checkbox"/> **Door To Door	7 Days	\$ 35 Per Person
**Must Fill Out And Attach Addendum		
<input type="checkbox"/> Festivals & Special Events	0 to 7 Days	\$15.00
<input type="checkbox"/> Roadside Sales	Annual	\$15.00
<input type="checkbox"/> Transient	3 Days	\$50.00

INSTRUCTIONS:

- *All items must be completed, or application will not be accepted.
- *Please print or type legibly.
- *Attach additional paper if needed.
- *Application must be signed.
- *Return application with payment - *If the business is outside the City limits.*
- *If form is not fully completed, a delay in processing the application will occur.
- *Please make checks payable to "City of Snoqualmie".

Dates Of Activity _____ Location/Name Of Activity _____

1. **Business Organization:** Sole Proprietor Partnership Corporation LLP LLC

2. _____
 Name of Firm DBA (Doing Business As) Business Phone

3. _____
 Business Address

_____ Mailing Address (if different from business address)

4. **List names of all owner(s), partners, or officers:**

	(1)	(2)	(3)
Name:			
Address:			
City/State/Zip			
Home Phone:			

Door To Door Applicants Only

	(1)	(2)	(3)
Date of Birth			
Social Security No.			
Driver's License No. & Issuing state			

CITY OF SNOQUALMIE STATEMENT UPON APPLICATION FOR BUSINESS LICENSE:

The City of Snoqualmie, in accepting the foregoing Application for Temporary License, or in issuing a Temporary License Certificate, makes no representation that making application is an authorization to commence business, or that a licensed business is in compliance with City or State laws and regulations regarding the operation of the business within the City of Snoqualmie. It is the responsibility of the business owner to investigate, maintain and ensure compliance with all applicable laws and regulations.

*I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Applicant Signature

Title

Signature Date

Washington State Department of Revenue Tax No. (UBI)

FOR OFFICE USE ONLY

Planning Department
Zoned for Roadside Sales

Yes / No

Planning Dept. Representative

Finance Officer

Copy of Title 5 Provided: _____
Amount Paid: _____
Receipt No: _____
Date Issued: _____
By : _____

LICENSE NUMBER: _____

Date _____ Approved _____ Denied _____

Finance Officer