



City of Battle Ground

109 SW 1st Street, Suite 127, Battle Ground, WA 98604

In-City Application for Business License

Instructions:

- Please **print** or **type**.
- Attach additional paper if needed.
- Application must be signed.
- Please answer **all** questions or indicate question does not apply.
- If the form is not fully completed, a delay in processing the application can occur.

Official use only:

Date: _____

Receipt # _____

1. Legal Name of Business: _____
Doing Business As (if applicable): _____
Business Phone: _____
Business Street Address: _____
City/State/Zip: _____
Mailing Address: (If different from Business Address) _____
City/State/Zip: _____

2. Is this a location change for this business?
 Yes, please indicate prior location: _____
 No

3. Is your gross revenue less than two thousand dollars per year?
 Yes
 No

4. Is this a non-profit organization?
 Yes, please provide a copy of IRS 501(c)(3) Federal Tax Exemption Certification
 No

5. Type of Ownership:
 Corporation
 Limited Liability Company
 Partnership
 Sole Proprietor
 Not Applicable

6. List names of all Owner(s), Partners or Officers: (Attach additional sheets of paper if needed)

(1)

(2)

Name:	_____	_____
Address:	_____	_____
City/State/Zip:	_____	_____
Homes Phone #:	_____	_____
Alt. Phone #:	_____	_____
Dr. Lic. #: & State:	_____	_____

7. Emergency Notification:

	(1)	(2)
Name:	_____	_____
Address:	_____	_____
City/State/Zip:	_____	_____
Homes Phone #:	_____	_____
Alt. Phone #:	_____	_____

8. Type of Business:

- Bank/Credit Union
- Business/Professional Office (Real Estate, Insurance, Attorney, etc.)
- Child Care/Education Services
- Contractor (Attach copy of Washington Contractor's License)
- Health Services (Medical, Dental, etc.)
- Landscape, Lawn & Garden Service
- Manufacturing
- Membership Organizations
- Recreation Services (Martial Arts, Dance, etc.)
- Restaurant
- Retail
- Veterinary
- Wholesale
- Services (Please Specify) _____
- Other (Please Specify) _____

9. Describe the type of business activity that will be occurring at this location: _____

10. Hours of operation and days of the week: _____

11. Number of employees: _____ Please estimate FTE: _____

Note: FTE = Full Time Equivalents are the combination of one or more employees whose work hours equal that of a full-time position; normally 40 hours a week.

12. Property Owner(s) or Leasing Agent:

Name: _____
Address: _____
City/State/Zip: _____
Phone #: _____

13. What was the name of the business that was in the location where your business will operate?

What type of business was the previous business?

14. Approximate square footage of your business: _____

