



**CITY OF GRANDVIEW, WASHINGTON**  
**APPLICATION FOR CITY BUSINESS LICENSE**  
TYPE OR PRINT LEGIBLY

THE LICENSE FEE MUST ACCOMPANY THIS APPLICATION  
RETURN TO: CITY CLERK, 207 WEST SECOND STREET, GRANDVIEW, WA 98930

NEW APPLICATION - \$50.00     RENEWAL - \$50.00    DATE OF APPLICATION: \_\_\_\_\_

**NAME OF APPLICANT:** \_\_\_\_\_

ADDRESS/CITY/STATE/ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**NAME OF BUSINESS:** \_\_\_\_\_

ADDRESS/CITY/STATE/ZIP: \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT): \_\_\_\_\_

BUSINESS PHONE NUMBER: \_\_\_\_\_ BUSINESS FAX NUMBER: \_\_\_\_\_

WASHINGTON STATE UBI NO.: \_\_\_\_\_ CONTRACTOR'S LICENSE NO.: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_

NAME, ADDRESS, PHONE NUMBER OF BUSINESS OWNER(S), (IF DIFFERENT THAN APPLICANT):  
\_\_\_\_\_

IN CASE OF EMERGENCY, NOTIFY: \_\_\_\_\_

NEW BUSINESSES WITHIN CITY LIMITS: MAY WE CONTACT YOU TO SCHEDULE A RIBBON CUTTING CEREMONY? YES \_\_\_\_\_ NO \_\_\_\_\_

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I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND UNDERSTAND THAT APPROVAL OF THIS APPLICATION IS NOT AUTHORITY TO OPERATE A BUSINESS UNLESS COMPLIANCE WITH ALL APPLICABLE CITY ORDINANCES AND STATE OR FEDERAL LAWS IS MAINTAINED.

SIGNATURE OF APPLICANT: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

DATE APPLICATION RECEIVED: \_\_\_\_\_ APPLICATION RECEIVED BY: \_\_\_\_\_ ZONING: \_\_\_\_\_

APPLICATION APPROVED: \_\_\_\_\_ DENIED: \_\_\_\_\_ (IF DENIED, ATTACH REASON FOR DENIAL)

CITY CLERK SIGNATURE: \_\_\_\_\_

FEE: \_\_\_\_\_ CASH \_\_\_\_\_ CHECK \_\_\_\_\_ CREDIT CARD \_\_\_\_\_ RECEIPT \_\_\_\_\_ DATE \_\_\_\_\_

COPY OF DESIGN STANDARDS PROVIDED (FOR BUSINESSES LOCATED IN DOWNTOWN CORE AREA ONLY)



**CIUDAD DE GRANDVIEW, WASHINGTON**  
**APLICACIÓN PARA LICENCIA DE NEGOCIO DE LA CIUDAD**  
ESCRIBA LEGIBLE

EL HONORARIO DE LA LICENCIA DEBE ACOMPAÑAR ESTA APLICACIÓN  
DEVUELVA A: CITY CLERK, 207 WEST SECOND STREET, GRANDVIEW, WA 98930

APLICACIÓN NUEVA - \$50.00     RENOVACIÓN - \$50.00    FECHA DE APLICACIÓN: \_\_\_\_\_

**NOMBRE DE SOLICITANTE:** \_\_\_\_\_

DOMICILIO/CIUDAD/ESTADO/CÓDIGO POSTAL: \_\_\_\_\_

NÚMERO DE TELÉFONO: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**NOMBRE DEL NEGOCIO:** \_\_\_\_\_

DOMICILIO/CIUDAD/ESTADO/CÓDIGO POSTAL: \_\_\_\_\_

DOMICILIO DE CORRESPONDENCIA (SI ES DIFERENTE): \_\_\_\_\_

NÚMERO DE TELÉFONO DEL NEGOCIO: \_\_\_\_\_ NUMERO DE FAX: \_\_\_\_\_

NO. DE UBI DEL ESTADO DE WA.: \_\_\_\_\_ NO DE LICENCIA DE CONTRATISTA.: \_\_\_\_\_

TIPO DE NEGOCIO: \_\_\_\_\_

NOMBRE, DOMICILIO, NÚMERO DE TELÉFONO DE DUEÑO(S) DEL NEGOCIO, (SI ES DIFERENTE DEL APLICANTE):  
\_\_\_\_\_

EN CASO DE EMERGENCIA, NOTIFIQUE: \_\_\_\_\_

NEGOCIOS NUEVOS DENTRO DE LÍMITES DE LA CIUDAD: ¿LE PODEMOS LLAMAR PARA PROGRAMAR UNA CEREMONIA DE NEGOCIO NUEVO? SÍ \_\_\_\_\_ NO \_\_\_\_\_

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YO CERTIFICO QUE LA INFORMACIÓN DE ARRIBA ES CORRECTA Y ENTIENDO QUE APROBACIÓN DE ESTA APLICACIÓN NO ES AUTORIDAD PARA FUNCIONAR UN NEGOCIO A MENOS QUE CUMPLA CON TODAS LAS ORDENANZAS APLICABLES DE LA CIUDAD Y LAS LEYES ESTATALES Y FEDERALES.

FIRMA DEL APLICANTE: \_\_\_\_\_

NOMBRE CON LETRA DE MOLDE: \_\_\_\_\_

TITULO: \_\_\_\_\_

**PARA USO DE OFICINA SOLAMENTE**

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