



Business License No. _____

**CITY OF CLE ELUM
BUSINESS LICENSE APPLICATION**

Municipal Code 5.02.010 requires that any person, firm or corporation must obtain a business license before conducting any business or profession within the City Limits. This includes those persons, firms or corporations whose primary place of business is outside of the City Limits, but whose business or profession is conducted within the City Limits.

Date of Application: _____

Name of Business: _____

Local Physical Address: (If applicable) _____

Mailing Address: _____

Telephone Number: _____

Owner Information:

Name _____ Title _____

Home Address _____ Phone# _____

Name _____ Title _____

Home Address _____ Phone # _____

Name _____ Title _____

Home Address _____ Phone # _____

Check any that apply: Corporation ___ Partnership ___ Sole Proprietor ___ Association ___

If Corporation, incorporated under laws of what State: _____

UBI No. _____

DESCRIPTION OF BUSINESS: _____

Contractors only: State license No. _____ Expiration Date: _____

Explain types of general or specialty contracting work performed: _____

Number of Employees (including owners) _____

Home Occupation: Yes _____ No _____

If yes, please give detailed description of Home Business: _____

Does the building have an automatic sprinkler or fire alarm system? _____

Describe: _____

Will hazardous material or flammable liquid or gas be stored? Yes _____ No _____

Square footage and seating capacity, if applicable: _____

Off Street Parking? Yes _____ No _____

SCHEDULE OF FEES (see the Fee Information on the [Business License Fees](#) page)

Please make check payable to: City of Cle Elum

I certify under penalty of perjury that the information above is correct, to my best knowledge and belief:

Signature: _____

Title: _____

This application is for the sole purpose of obtaining a license to conduct business in Cle Elum and does not review or authorize its location of operation for compliance with other city codes, including building, zoning and sign requirements. Anyone establishing a business is urged to contact City Hall regarding these requirements.

*******IMPORTANT: The following page of this application is required information that we will provide to the Police Department in case of an emergency, both during and after business hours. Please provide the information requested as completely as possible. If you change your business address, nature of business, or if you are no longer doing business in Cle Elum, please contact City Hall at 509-674-2262.**

CITY CLERK'S USE ONLY---DO NOT WRITE BELOW THIS LINE

	AMOUNT
Business License	\$ _____
Other License	_____
Penalty	_____
Total	\$ _____

Date Received _____

By _____

Receipt Number _____

Check Number _____

**BUSINESS CONTACT INFORMATION
FOR CLE ELUM POLICE DEPARTMENT**

Please provide the following contact information for your business so that, in the event of an emergency, especially after hours, the Cle Elum Police Department knows who to contact. If this information changes during the course of the year, please contact City Hall for an update form. Thank you for your time.

Business Name: _____

Business Address: _____

Business Phone: _____

Owner or other Responsible Parties to contact in case of emergency:

1. Contact Name: _____

Phone Number: _____

Home Address: _____

2. Contact Name: _____

Phone Number: _____

Home Address: _____

3. Contact Name: _____

Phone Number: _____

Home Address: _____

4. Contact Name: _____

Phone Number: _____

Home Address: _____

Owner's Signature: _____

Date Completed: _____