

Temporary Business License Application

(425) 333-4192

4621 Tolt Avenue Carnation, WA 98014

clerk@carnationwa.gov

This application is 35.90 RCW compliant.

Business Name:			
Business Address:			
Business Mailing Address:			
Business Phone Number:			
Business Type: ☐ Wholesale ☐ Real Estate	□ Contractor □ Retail □ S □ Manufacturing □ Solicitin		
Ownership Type: 🗆 Individual (☐ Partnership ☐ Corporation		
Business Description:			
State Sales Tax No			
State L&I Contractor License No	D		
	Phor		
License Type:			
\square Temporary Business License (N	lo more than 3 days in the cale	ndar year)	\$15.00
☐ Fee Exempt License (Per CMC	5.12.050(B)(1) & (2))		\$0.00
	(, (,)		·
Dates of Business: From: _		To:	
READ BEFORE SIGNING: I certify the must comply with all City and releval building, fire and health codes. I furth business license as required under S any appropriate reviews have been c	nt State and/or Federal law includir ner acknowledge that payment of tl ection 5.12 of the Carnation Munic	ng, but not limited to oc he required application	cupancy, access, zoning, does not constitute a valid
Signature:	Printed Name:		Date:
Amount Paid:	Receipt Number _		Date:
APPROVAL:			
Signature	Printed Name		Date: