

 <p>City of Kalama Celebrating 125 Years</p>	<h2 style="color: red;">Business License Application</h2> <p>PO Box 1007 • Kalama, WA 98625 (360) 673-4908 • Fax (360) 673-4560</p> <p>www.cityofkalama.com</p>	CIRCLE ONE	License Year:
		New Application	Receipt Number:
		Renewal	Approved By/ Date:
		After July 1 New Business Half-Year License	

Business Name and Mailing Address (Include Business Name, City, State and Zip)

Business Street Address (If located in Kalama)	Business Phone	WA State UBI Number
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Website	Email	WA Contractor No.	No. of Employees
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Detailed description of business services and/or products for sale (use additional sheets if necessary) Business Provides: Music/Entertainment: <input type="checkbox"/> YES <input type="checkbox"/> NO Amusement/Arcade Games: <input type="checkbox"/> YES <input type="checkbox"/> NO Number of Machines _____ Gambling Pull Tabs: <input type="checkbox"/> YES <input type="checkbox"/> NO Is this a Tier 2 business? <input type="checkbox"/> YES <input type="checkbox"/> NO (Do you store or use hazardous or flammable materials and/or flammable/combustible liquids?)	Ownership: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation or LLC ***Note – For reporting of local tax on state excise tax return to Dept. of Revenue, Kalama's Code is 0802	Type of Business: <input type="checkbox"/> Contractor <input type="checkbox"/> Manufacturing <input type="checkbox"/> Wholesale <input type="checkbox"/> Retail <input type="checkbox"/> Services <input type="checkbox"/> Manufactured Home Park <input type="checkbox"/> Taxi/Chauffeur* <input type="checkbox"/> Food Service <input type="checkbox"/> Home Occupation <input type="checkbox"/> In-Home Sales (Avon, Watkins, etc) <input type="checkbox"/> Solicitor* <input type="checkbox"/> Other* _____ *Additional business license requirements may apply
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Owners, Partners or Officers	Home Address	City	State	Zip	Home Phone

Emergency Information

In an emergency (i.e., burglary or fire) the City will attempt to notify the owner first, then the following persons:

Name	Phone
Name	Phone

I certify that the above information is correct, as I have made corrections as needed.

Signature	Print Name
Date	Title

Fee Information

Business License Fee	Annual business license fees are \$100 per year, half-year license available July through December of each year pro-rated to \$50 for new businesses only or \$30 for a 7-day license. In-home sales - \$30; Solicitor license - \$30 + number of personnel x \$3.
Amusement Machines	Number of machines x \$30
Music/Entertainment	\$120 per year
Penalty	A 10% fee is compounded if renewal is paid after January 31st of the current year.
TOTAL FEES DUE	Checks should be made payable to "City of Kalama" and mailed or delivered to: City of Kalama, 320 N. First St., PO Box 1007, Kalama, WA 98625

THIS LICENSE EXPIRES ON DECEMBER 31ST OF THE CURRENT YEAR