

BUSINESS LICENSE APPLICATION

City of Westport
P.O. BOX 505
WESTPORT, WA 98595
PHONE: (360) 268-0131 FAX: (360) 268-0921

BUSINESS NAME _____

TYPE OF BUSINESS _____

OWNERS NAME _____ PHONE _____

OWNERS DRIVERS LICENSE NUMBER _____

OWNERS ADDRESS (MAILING) _____

BUSINESS ADDRESS (MAILING) _____

BUSINESS ADDRESS (PHYSICAL) _____

FEDERAL ID NUMBER _____ STATE ID NUMBER _____

STATE CONTRACTORS LICENSE NUMBER _____

ANNUAL BUSINESS LICENSE FEE IS \$50.00

I hereby understand that purchasing a business license to operate a business inside the city limits of Westport is on a yearly basis and obligates me to pay quarterly Excise Tax (Business & Occupation). Rates are as follows:

- a) Service and all other Retailing: .005 of gross income for the quarter.
- b) Wholesale Manufacturing: .0025 of gross income for the quarter.
- c) Quarterly statements must be signed and returned regardless of income earned for each quarter. Please review your excise tax statement penalty section for additional information.
- d) A penalty may be assessed for conducting business without a current business license.

I also verify that the information concerning my business is factual and I also understand that if I change business type in any way at the same location, I will notify the City at once. Let it be known, that if you have falsely represented your business in any way, or are operating in a zone restricting your business type, your license will be promptly revoked.

Applicant Signature: _____ Date: _____

Official use only:
Zoning: Approved _____ Denied _____ Building Inspector _____
Fire/Safety. Approved _____ Denied _____ Fire Chief _____
Reason for denial (see attached document(s))