

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: _____

Owner's Name: _____ Phone: _____

Owner's Drivers License Number: _____

Owner's Address (Mailing): _____

Business Address (Mailing): _____

Business Address (Physical): _____

Federal ID Number: _____ State ID Number: _____

State Contractor 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: .0050 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 _____ N/A _____ City Administrator _____

Building Occupancy: Approved _____ Denied _____ N/A _____ Building Official _____

Fire/Safety: Approved _____ Denied _____ N/A _____ Fire Chief _____

Reason for Denial (see attached document(s))

Office Use Only

Assigned Acct # _____ Tax Rate Code _____ Business License Code _____ Business Type (0-50) _____