

City of Castle Rock
P.O. Box 370
Castle Rock, WA 98611

Business License Fee: \$75 Annually (expires 12/31)
New Business License Fee after July 1: \$50 (expires 12/31)

CITY OF CASTLE ROCK, WASHINGTON

Application for City Business License

This License required under Ordinance No. 523

FOR OFFICE USE ONLY	
RECEIPT NUMBER	_____
AMOUNT PAID	\$ _____

UBI # _____ CITY ACCOUNT # _____

FEE MUST ACCOMPANY APPLICATION - CANNOT BE USED AS CREDIT FOR BUSINESS TAX

TO BE ISSUED TO		TRADE NAME	
LOCATION ADDRESS			BUSINESS PHONE
MAILING ADDRESS			
RESIDENCE ADDRESS			RESIDENCE PHONE
KIND OF BUSINESS GIVE DETAILS			
PLEASE CHECK <input checked="" type="checkbox"/>			
<input type="checkbox"/> 1. CONTRACTING	<input type="checkbox"/> 5. UTILITIES		
<input type="checkbox"/> 2. WHOLESALE & MANUFACTURING	<input type="checkbox"/> 6. SERVICES & OTHER ACTIVITIES		
<input type="checkbox"/> 3. RETAILING	<input type="checkbox"/> 7. _____		
<input type="checkbox"/> 4. PRINTING & PUBLISHING			
PLEASE INDICATE OWNERSHIP STATUS			
INDIVIDUAL <input type="checkbox"/>	PARTNERSHIP <input type="checkbox"/>	CORPORATION <input type="checkbox"/>	
LIST PARTNERS OR CORPORATE OFFICERS	TITLE	RESIDENCE ADDRESS	RESIDENCE PHONE
THIS BUSINESS FORMERLY OPERATED BY		WHOSE PRESENT ADDRESS IS	
DID YOU TAKE OVER			
<input type="checkbox"/> ENTIRE BUSINESS		<input type="checkbox"/> PORTION THEREOF _____% YOU OWN	
HAVE YOU EVER HAD A CASTLE ROCK BUSINESS LICENSE?		COMPANY NAME	
<input type="checkbox"/> YES <input type="checkbox"/> NO			
DO YOU HAVE A BRANCH OFFICE OUTSIDE CITY LIMITS?		IF YES, GIVE ADDRESS	
<input type="checkbox"/> YES <input type="checkbox"/> NO			
NAME AND ADDRESS OF PARENT COMPANY			

SCHEDULE OF ADDITIONAL BUSINESS LOCATIONS IN CASTLE ROCK

If business is conducted in more than one location within the City of Castle Rock, complete schedule of business locations on bottom of application sheet. List each plant, factory, store, office or other location; give name and address of brokers, warehousemen or other persons representing taxpayer in this city if no office or warehouse is maintained in taxpayer's name. There is no charge for additional business licenses for branch locations.

NAME UNDER WHICH OPERATED	STREET ADDRESS	POST OFFICE	WHERE BOOKS KEPT

APPLICATION DATE	OPENING DATE OF BUSINESS	TRADE NAME	_____
<input type="checkbox"/> RENEWAL <input type="checkbox"/> NEW APPLICATION		SIGNED BY	_____
		OFFICE/TITLE	_____