

Do Not Write in This Space

BOT No. _____

Date Issued _____

CITY OF COSMOPOLIS
APPLICATION FOR BUSINESS
LICENSE

(A Filing Fee of \$50.00 must accompany this application)
(Use Sales Tax Code 1402 when filing State Excise Tax)
ORDINANCE No. 699, 1006

File this application with

City Clerk's Office

City Hall

PO Box 2007

Cosmopolis, WA 98537

To Be Issued to (Name of Owner or Manager) _____

Firm Name _____

Address _____
(Number and Street) (City)

Kind of Business in Detail _____
(Be sure to fill in. Designate whether Retail, Wholesale, Manufacturing, Etc.)

Opening Date of Business _____

State Contractor's No. if applicable _____

State whether Individual, Partnership or Corporation _____

If Partnership, name each person sharing in profits of the business, giving their title, residence address and phone number.

If Corporation, name manager and officers giving residence, address and phone number.

BE SURE ALL INFORMATION IS COMPLETE. If additional space is needed, attach supplementary sheets of this size. If business is conducted in more than one location within the City of Cosmopolis, complete schedule of business location on bottom of application sheet.

Date _____

Signed by _____

Business Phone No. _____

(Office or Title)

This application must be filed immediately and be accompanied by a remittance in the amount of \$50.00. There is no charge for additional licenses for branch locations or for changes of location, but written application must be made therefor.

Ordinance No. 699 as amended provides that it is unlawful to engage in a taxable business or profession within the City of Cosmopolis, without having applied for a business license.

If you operate at more than one location, complete the following schedule. If additional space is needed, attach supplementary sheets of this size.

Name and address of parent company _____

SCHEDULE OF BUSINESS IN COSMOPOLIS

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.

NAME UNDER WHICH OPERATED	STREET NO.	POST OFFICE	WHERE BOOKS ARE KEPT