

CITY OF TOPPENISH
21 West First Avenue
Toppenish, WA 98948
Phone: 509/865-2080 Fax: 509/865-3864

BUSINESS LICENSE APPLICATION
JANUARY 1, 2010, THROUGH DECEMBER 31, 2010

Name of Business: _____ Business Phone: _____

Business Location: _____

Mailing Address: _____

Business Activity: _____

Applicant Name: _____ Date of Birth: _____

Residence Address of Applicant: _____ Phone: _____

Name of Emergency Contact: _____ Phone: _____

State Tax Number: _____ Employees: # Full-time _____ # Part-time _____

Fee Due: \$ _____

Are flammable, combustible or hazardous materials kept at the business location? _____. If yes, describe nature, quantity and location of such materials. If not sure, contact the Fire Chief at (509) 865-3111.

I hereby authorize official personnel of the City of Toppenish, Washington, including the Public Safety Director or his designee, the Building Official to enter and inspect, as often as necessary, the above described business premises for the purpose of ascertaining and causing to be corrected any violation of the Uniform Fire Code or other code or ordinance of the City of Toppenish. Under penalty of perjury under the laws of the State of Washington I certify that the information I have provided in the foregoing application is true.

Applicant's Signature _____ Date of Signature _____

RENEWAL DUE DATE: 1/01/10 \$25 PENALTY ADDED AFTER 1/31/10
A citation with mandatory court appearance may be issued if application is not received by February 27, 2010.

License Category	Recommend:	Approved	Disapproved
City Clerk/Finance Director	Recommend:	Approved _____	Disapproved _____
Building Official	Recommend:	Approved _____	Disapproved _____
Police Chief	Recommend:	Approved _____	Disapproved _____
Fire Chief	Recommend:	Approved _____	Disapproved _____
Public Works Director	Recommend	Approved _____	Disapproved _____

Fee paid _____ CR# _____

*If disapproval of the Business License is recommended, please attach written documentation detailing the reasons for disapproval.