



CITY OF KETTLE FALLS

P.O. Box 457
 Kettle Falls, WA 99141
 Phone: (509) 738-6821 Fax: (509) 738-4577

CITY BUSINESS REGISTRATION

Please read carefully, print or type, and return completed form to the City Hall.

Business Information			
<input type="checkbox"/> New Business - \$35.00	<input type="checkbox"/> Business License Renewal - \$35.00	<input type="checkbox"/> Peddler/Solicitor - \$10.00 Per Day \$15.00 Per Week \$20.00 Per Month \$35.00 Per Year	
	<input type="checkbox"/> Amusement Machines - \$6.00 Per Machine		
Name of Business: _____		Tax ID #: _____	
Business Location: _____			
Street Address	City	State	Zip Code
Mailing Address: _____			
Mailing Address	City	State	Zip Code
Site Contact: _____		()	()
Name	Phone	Cell Phone:	
Business Owner: _____			
Mailing Address	City	State	ZIP Code
()	Proposed Date of Occupancy/Opening: _____		
Phone			

Business Information			
Type of Business:	<input type="checkbox"/> Retail	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Automotive Repair/Sales
	<input type="checkbox"/> Services	<input type="checkbox"/> Contractor	<input type="checkbox"/> Wholesale
	<input type="checkbox"/> Other: _____		
Description of Business: _____			
Is this a home occupation business?		<input type="checkbox"/> No	<input type="checkbox"/> Yes
Is off street parking available?		<input type="checkbox"/> No	<input type="checkbox"/> Yes
Number of Employees: _____	Do you have a fire sprinkler system?		<input type="checkbox"/> No <input type="checkbox"/> Yes
Do you use or store flammable or hazardous materials?		<input type="checkbox"/> No <input type="checkbox"/> Yes	Quantity: _____ Type: _____

This application will be routed to the Fire, Police, Building/Planning and Water/Sewer Departments. Corrective action may be required. All business signs must be approved by the Building & Planning Department. Additional city permits may be necessary before the business can commence operation. Call 509-738-6821 for more information.

I affirm that all answers, statements and information submitted with this application are correct and accurate to the best of my knowledge. I also affirm that I am the owner of the subject site or am authorized by the owner to process this application.

Signature _____	Title _____
Printed Name _____	Date _____

For City Use only	
Registration Number: _____	Date Issued: _____
Treasurer's Receipt Number: _____	