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.

<table>
<thead>
<tr>
<th>Business Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Business License Renewal - $35.00</td>
</tr>
<tr>
<td>□ New Business - $35.00</td>
</tr>
<tr>
<td>□ Amusement Machines – $6.00 Per Machine</td>
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<td></td>
</tr>
</tbody>
</table>

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: ___________
- Phone: (________) ___________

Proposed Date of Occupancy/Opening: ___________

<table>
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<tr>
<td>Type of Business:</td>
</tr>
<tr>
<td>□ Retail</td>
</tr>
<tr>
<td>□ Services</td>
</tr>
<tr>
<td>□ Other</td>
</tr>
<tr>
<td>□ Wholesale</td>
</tr>
</tbody>
</table>

Description of Business: ___________________________

Is this a home occupation business? |
□ No | □ Yes

Is off street parking available? |
□ No | □ Yes

Number of Employees: ___________

Do you have a fire sprinkler system? |
□ No | □ Yes

Do you use or store flammable or hazardous materials? |
□ No | □ 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: ___________________________