

CITY OF BENTON CITY
OFFICE OF THE CITY CLERK-TREASURER

P.O. Box 70, * Benton City * Washington 99320 * (509) 588-3322 * cclerk@owt.com

Business License Application

Business Information:

Business Name	_____	Legal Name	_____
Mailing Address	_____	City, St, Zip	_____
Address	_____	City, St, Zip	_____
Phone	Fax	Email	_____
Corporation LLC Partnership Sole-Proprietor Other	_____	UBI#	_____
FEIN#	SS#	UBI#	_____
Wash State License # (Contractors, Day Care, Security, Cosmetology, For Hire, Message, etc)	_____	Expiration date	_____
Issue Date	_____	Expiration date	_____

Business Owner Information:

Owner's Name	Address	City, St, Zip
Phone	Fax	Email
Co-Owner's Name	Address	City, St, Zip
Phone	Fax	Email
Emergency Contact(optional)	Address	City, St, Zip
Phone	Fax	Email

Benton City Businesses:

Number of Employees _____ Square Footage _____ Outside Storage? Yes No

Parking Spaces _____ # Video Games _____ Serve Liquor? Yes No Dancing? Yes No

Do you use or store radioactive, hazardous or flammable material? Yes No Explain _____

Automatic sprinklers? Yes No Burglar/fire alarm Yes No Basement? Yes No

Please circle appropriate Business Type:

CONTR - COMMERCIAL	RETAIL - ARTWORK/HANDICRAFTS	SVCS- COMMUNICATIONS
CONTR - CONCRETE	RETAIL - AUTO PARTS	SVCS- DAY CARE CENTER
CONTR - ELECTRICAL	RETAIL - BOOK STORE	SVCS- DAY CARE - HOME
CONTR - EXCAVATION	RETAIL - CATERERS	SVCS- FITNESS CENTER
CONTR - FLOORING	RETAIL - CLOTHING STORE	SVCS- GAS STATION
CONTR - HOMES	RETAIL - COMPUTER/ELECTRONICS	SVCS- GLASS SERVICES
CONTR - HVAC	RETAIL - DRUG STORE	SVCS- HOTEL/MOTEL #UNITS _____
CONTR - LANDSCAPING	RETAIL - FLOWERS	SVCS- INSTRUCTOR
CONTR - PAINTING	RETAIL - FOOD	SVCS- INSURANCE
CONTR - PLUMBING	RETAIL - FURNITURE STORE	SVCS- INTERIOR DECORATING
CONTR - ROOFING	RETAIL - GROCERY STORE	SVCS- JANITORIAL
CONTR - OTHER	RETAIL - HARDWARE	SVCS- LAWN CARE
MISC - AMUSE DEVICE DIST ATTACH LIST	RETAIL - JEWELRY	SVCS- MANUFACTURING
MISC - AUCTION	RETAIL - LUMBER	SVCS- MASSAGE THERAPISTS
MISC - BOWLING ALLEY #ALLEYS _____	RETAIL - MINI MART/GASOLINE	SVCS- MORTUARY
MISC - BOXING/WRESTLING	RETAIL - OFFICE SUPPLIES	SVCS- PHOTOGRAPHY
MISC - CARNIVAL/CIRCUS ADDENDUM	RETAIL - PAWN/SEC HAND ADDENDUM	SVCS- POOL CARE
MISC - FLEA MARKETS ADDENDUM	RETAIL - RESTAURANT	SVCS- PRINTING/GRAPHICS
PROF - ACCOUNTANT	RETAIL - SHOE STORE	SVCS- PRIVATE DET/SECURITY
PROF - ARCHITECT	RETAIL - SPORTING GOODS	SVCS- PRIVATE SCHOOL
PROF - ATTORNEY	RETAIL - TAVERN	SVCS- PRODUCTION
PROF - CHIROPRACTOR	RETAIL - VARIETY	SVCS- PROMOTIONAL SERVICES
PROF - CONSULTANTS	RETAIL - VIDEO	SVCS- REAL ESTATE
PROF - DENTIST	RETAIL - WHOLESALE	SVCS- RECREATION
PROF - ENGINEER	RETAIL- FOOD	SVCS- RESEARCH
PROF - LABORATORY	RETAIL - OTHER	SVCS- SECURITIES
PROF - OPTOMETRIST	SVCS - APPLIANCE REPAIR	SVCS- TAX SERVICES
PROF - PHYSICIAN	SVCS - ASSISTED LIVING	SVCS- THEATERS
PROF - PSYCHOLOGIST	SVCS - AUTO DEALER	SVCS- TOWING
PROF - VETERINARIAN	SVCS - AUTO RENTAL	SVCS- TRAVEL AGENCY
PROF - OTHER	SVCS - AUTO REPAIR	SVCS- TRUCKING #TRUCKS _____
RENTAL - COMMERCIAL #UNITS _____	SVCS - BANKING	SVCS- VEHICLE FOR HIRE ADDENDUM
RENTAL - MINI STORAGE #UNITS _____	SVCS - BARBER/BEAUTY SHOP	SVCS- VENDING
RENTAL - MH/RV PARKS #UNITS _____	SVCS - CAR WASH	SVCS- OTHER
RENTAL - ROOMING HOUSES #UNITS _____	SVCS- CLEANERS/LAUNDRY	TRANS- AIR
TRANS- BUS		
TRANS- OTHER		

Additional information about your business (optional) _____

Attachments: (Home Occupations complete HO Addendum)

My Signature below certifies that the information provided on this application and any attachments is true and accurate. I understand my place of business must comply with all City of Pasco codes and ordinances.

Signature

Date