



CITY of SPOKANE
Taxes & Licenses
808 W Spokane Falls Blvd
Spokane WA 99201-3336
(509) 625-6070
Fax: (509) 625-6990
taxesandlicenses@spokanecity.org

OFFICE USE ONLY	
License #:	_____
Date Received	_____
Expiration Date	_____
Entered by	_____
NAICS/SIC:	_____

TEMPORARY BUSINESS REGISTRATION APPLICATION

Registration Required

No person may engage in business in the City or with the City without first having obtained and being the holder of a valid temporary business registration as provided in chapters. (SMC 8.01 and SMC 10.40.010)

Persons Engaging in Business

...one generally, acting in an independent capacity, whether or not subject to immediate control and supervision by a superior, or one who acts as an employer and has employees subject to his control and supervision.

Temporary Registration

\$60.00 for first 90 day, \$50.00 for an additional 90 days

Business Information	Mail attention to _____			
	Legal name of business entity _____			
	Business name or dba (doing business as) _____			
	Mailing address _____		City _____	State _____ Zip _____
	Business phone _____		Cell phone _____	
	Email Address _____		UBI number _____	
	Indicate type of ownership: <input type="checkbox"/> Non-Profit Corp <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> LLC (Limited Liability Company) <input type="checkbox"/> Corporation			
	Start Date of Job: _____			
	List job or event location:			
		<u>Business name</u> <small>(if different from above)</small>	<u>Location address</u>	<u>Personnel at location</u>
Describe what you sell and/or services provided: _____				

Ownership Information	What type building is this? Commercial _____ Residential _____			
	Is your building more than 12,000 square feet? Yes _____ No _____			
	Name(s) of Sole Proprietor, Partners, Corporate Officers, and Resident Agents: List true name(s), title, residence address, telephone number, and date of birth of the sole proprietor or all partners or corporate officer/directors (attach a separate sheet, if needed).			
	<u>Name</u>	<u>Title</u>	<u>Residence Address</u>	<u>Telephone</u>
If you acquired the business in whole or in part, complete the following information.				
Date acquired _____		Former business registration # _____		
Former name of business _____				

I certify or declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. All information given is subject to verification with the State of Washington Department of Revenue. I agree to report any changes in information to the City of Spokane Treasurer's office within a timely manner.

Signature _____	Date _____
Printed Name _____	Title _____

Please sign application and mail with fee to the City of Spokane.