BUSI

CITY OF SUMAS BUSINESS LICENSE APPLICATION

	· New App	olication	Renewal		
Name of business and phy	sical location:				
-					
Business phone number:	•		•		•
Name of applicant:			<u></u>		
Mailing address and physi	ical location of applicant:				
Partnership Ind	· ividualCorpora			•	
List all persons having a p	proprietary interest in the bus	siness:			
			<u> </u>		
Give a complete description	on of the business, trade, pro a complete description of ite	ofession, o	ecupation or othe	r to be carried on on beyond what i	within the City. Is listed here will
					•
Registration # issued by fl	ne Department of Revenue (UBI):			
Please list the contact info	rmation for two people in c	ase of an e	nergency:		
			g		
Issuance of a license purson or its location, complies we fully with all such laws.	uant to this application shall rith applicable local, state or	not consti federal la	tute an assurance ws. All licenses s	or representation	that the business, le for complying
Signature of applicant		_ 	ate		
Diana annulata thia farm	and return to: City of S	nmae			

Please complete this form and return to:

City of Sumas PO Box 9 Sumas, WA 98295