



CITY OF SUMAS
BUSINESS LICENSE APPLICATION

New Application Renewal

Name of business and physical location _____

Business Mailing Address: _____

Business Phone Number: _____

Business E-Mail address: _____

Name of Applicant: _____

Mailing address and physical location of applicant: _____

Partnership _____ Individual _____ Corporation _____ Other _____

List all persons having a proprietary interest in the business: _____

Give a complete description of the business, trade, profession, occupation, or other to be carried on within the City. If retail is involved include a complete description of items to be sold. Any expansion beyond what is listed here will require a new business license application.

Registration # issued by the Department of Revenue (UBI): _____

Please List the contact information for two people in case of an emergency: _____

Issuance of a license pursuant to this application shall not constitute an assurance or representation that the business, or its location, complies with applicable local, state or federal laws. All licenses shall be responsible for complying fully with all such laws.

Signature of applicant

Date

Please complete this form and return to: City of Sumas
PO Box 9
Sumas, WA 98295