



# City of Algona Business License Application

200 Washington Blvd.  
Algona, WA 98001  
(253) 833-2897

(FOR OFFICE USE ONLY)  
BUSINESS LICENSE # \_\_\_\_\_

Business Name \_\_\_\_\_

Telephone # \_\_\_\_\_

Street Address \_\_\_\_\_

WA State Labor & Industries # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

WA State Tax Identification # \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Name of owner/officer \_\_\_\_\_ Title \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of owner/officer \_\_\_\_\_ Title \_\_\_\_\_

Number of Employees: \_\_\_\_\_

Name of owner/officer \_\_\_\_\_ Title \_\_\_\_\_

Year Business Opened: \_\_\_\_\_

Is this a Renewal? Yes  No

CHECK ONE:  CORPORATION  PARTNERSHIP  INDIVIDUAL OWNER

**Business Classification:**

- Commercial \$250 (Located Inside City Limits)
- Short-Term or Outside City Limits \$250 (attach copy of State Contractor's license and or Labor & Industries Certificate)
- Home Occupation \$50

<b>Late Fees:</b>	1 – 30 days delinquent	10% - minimum \$ 5.00
	31 – 60 days delinquent	15% - minimum \$10.00
	After 61 days	20% - minimum \$15.00

Type of Business (detailed description of business activities):  
\_\_\_\_\_

*I hereby certify that the statements and information furnished by me on this application are true and complete, to the best of my knowledge. I acknowledge that the statements and information furnished by me on this application are public records and are available for public inspection pursuant to State of Washington RCW 42-17-260.*

PRINT NAME \_\_\_\_\_

TITLE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_