

For City Use Only	
Route Date	
Due Date	

**CITY OF POULSBO TEMPORARY BUSINESS LICENSE APPLICATION**  
 200 NE Moe Street  
 Poulsbo Washington 98370  
 (360) 394-9880

**Please Print or Type – Complete ALL Portions of the Application**

Please complete both sides of the application and return with the appropriate fee to the City Clerk's office. Temporary business licenses are non-renewable and are valid for 14 days of work in a 3 month period. Correct tax reporting number is **1803**.

**Business License Application Fees (Please Check One Box)**

Temporary License      \$20.00

**Name of Business** (Print as listed with the Department of Revenue)

**Trade Name or DBA** (Print as you would like it to appear on your license)

**Mailing Address** (address, city, state, zip code)

**Business Location** (address, city, state, zip code)

**State of Washington UBI #** (REQUIRED to process license)

**Professional License #** (contractor, cosmetology, etc.)  
(if applicable)

**Business Phone** (include area code)  
(      )

**Cell Phone** (include area code)  
(      )

**Fax** (include area code)  
(      )

**Email**

**Date Business Is Commencing**

**Type of Business** (please check one)

Sole Proprietor       Corporation       Partnership       LLC       Other

**Name(s) of Sole Proprietor, Partners, Corporate Officers and business managers (attach additional names/addresses to this form if needed)**

Name & Title	Address	Telephone	Date of Birth

**Describe in detail the principle service or product of your business** (Certain types of businesses will require additional licenses/permits)

**A Signature Is Required In Order To Process The Application**

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.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

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<b>Receipt Date</b>	<b>Receipt Number</b>	<b>Amount Paid</b>
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Date Received By City Clerk	Type Code	Business ID #
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Date License is Valid	
From:	To:

Date Approved By City Clerk \_\_\_\_\_

Active State License:    \_\_\_ Yes  \_\_\_ No   Notes: \_\_\_\_\_

Reviewed By \_\_\_\_\_ Date \_\_\_\_\_                   \_\_\_ Approve  \_\_\_ Deny  
(if not approved, please attach explanation memo)