

**BUSINESS LICENSE APPLICATION**

**CITY OF GOLDENDALE**  
**1103 S Columbus Goldendale WA 98620**  
**(509) 773-3771 Fax: (509) 773-9171**

**BUSINESS INFORMATION**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Street Address and Mailing Address

\_\_\_\_\_  
Business Type

Yes \_\_\_\_\_ No \_\_\_\_\_  
Home Occupation

\_\_\_\_\_  
UBI Number/WA St Tax ID Number

\_\_\_\_\_  
Contractor's WA State License Number/Expiration Date

**APPLICANT/CONTACT INFORMATION**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Street Address and Mailing Address

Has applicant ever had a license denied or revoked for the conduct of the above referenced business? Yes \_\_\_\_\_ No \_\_\_\_\_

The undersigned states these to be true facts and agrees to comply with all laws and ordinances of the City of Goldendale applicable to the subject matter thereof.

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

\_\_\_\_\_  
Date

**May require 7-10 days for  
Municipal Code Review**

**OFFICE USE ONLY  
MUNICIPAL CODE REVIEW**

Approved by the following:

\_\_\_\_\_  
Clerk/Treasurer

\_\_\_\_\_  
Public Safety Director

\_\_\_\_\_  
Mayor

\_\_\_\_\_  
Public Works Director

\_\_\_\_\_  
City Administrator

\_\_\_\_\_  
Date