

# BUSINESS LICENSE APPLICATION

City of Westport  
P.O. BOX 505  
WESTPORT, WA 98595  
PHONE: (360) 268-0131 FAX: (360) 268-0921

BUSINESS NAME \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_

OWNERS NAME \_\_\_\_\_ PHONE \_\_\_\_\_

OWNERS DRIVERS LICENSE NUMBER \_\_\_\_\_

OWNERS ADDRESS (MAILING) \_\_\_\_\_

BUSINESS ADDRESS (MAILING) \_\_\_\_\_

BUSINESS ADDRESS (PHYSICAL) \_\_\_\_\_

FEDERAL ID NUMBER \_\_\_\_\_ STATE ID NUMBER \_\_\_\_\_

STATE CONTRACTORS LICENSE NUMBER \_\_\_\_\_

**ANNUAL BUSINESS LICENSE FEE IS \$50.00**

I hereby understand that purchasing a business license to operate a business inside the city limits of Westport is on a yearly basis and obligates me to pay quarterly Excise Tax (Business & Occupation). Rates are as follows:

- a) Service and all other Retailing: .005 of gross income for the quarter.
- b) Wholesale Manufacturing: .0025 of gross income for the quarter.
- c) Quarterly statements must be signed and returned regardless of income earned for each quarter. Please review your excise tax statement penalty section for additional information.
- d) A penalty may be assessed for conducting business without a current business license.

I also verify that the information concerning my business is factual and I also understand that if I change business type in any way at the same location, I will notify the City at once. Let it be known, that if you have falsely represented your business in any way, or are operating in a zone restricting your business type, your license will be promptly revoked.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Official use only:

Zoning: Approved \_\_\_\_\_ Denied \_\_\_\_\_ Building Official \_\_\_\_\_

Building Occupancy: Approved \_\_\_\_\_ Denied \_\_\_\_\_ Building Official \_\_\_\_\_

Fire/Safety: Approved \_\_\_\_\_ Denied \_\_\_\_\_ Fire Chief \_\_\_\_\_

Reason for denial (see attached document(s))