

CITY OF COLVILLE
170 S OAK ST
APPLICATION FOR CITY BUSINESS REGISTRATION

PLEASE READ CAREFULLY. COMPLETE AND RETURN TO THE TREASURER'S OFFICE.
PLEASE TYPE OR PRINT THE INFORMATION.

ZONING APPROVAL IS REQUIRED BEFORE A NEW BUSINESS REGISTRATION SHALL BE ISSUED.

APPROVAL SIGNATURE _____
CITY PLANNER

PEDDLER/SOLICITOR
\$20.00

NEW BUSINESS
\$10.00

RENEWAL APPLICATION
\$5.00 (DUE EACH YEAR BY JANUARY 1ST)

NAME OF BUSINESS: _____ UBI#: _____

BUSINESS OWNER: _____

MAILING ADDRESS: _____

LEGAL DESCRIPTION (IF AVAILABLE): _____

BUSINESS LOCATION: _____

PHONE NUMBER: _____

PROPOSED DATE OF OCCUPANCY/OPENING: _____

TYPE OF BUSINESS:

- RETAIL MANUFACTURING FINANCIAL INST.
 SERVICES CONTRACTOR OTHER _____
 WHOLESALE

DESCRIPTION OF BUSINESS: _____

Number of employees: _____ Do you have a fire sprinkler system? Yes No

Do you store flammable or hazardous materials? Yes No

Quantity _____ Type: _____

In case of emergency we will attempt to notify owner, then the following:

Name:	Phone Number:
1.	
2.	

A BUSINESS REGISTRATION IS REQUIRED TO CONDUCT BUSINESS WITHIN THE CITY OF COLVILLE. THIS APPLICATION WILL BE ROUTED TO THE FIRE, POLICE, BUILDING/PLANNING AND WATER/SEWER DEPARTMENTS. CORRECTIVE ACTION MAY BE REQUIRED. ALL BUSINESS SIGNS MUST BE APPROVED BY THE BUILDING & PLANNING DEPARTMENT. ADDITIONAL CITY PERMITS MAY BE NECESSARY BEFORE THE BUSINESS CAN COMMENCE OPERATION. CALL 684-5096 FOR MORE INFORMATION.

I certify that the information above is true and correct to the best of my knowledge.

Signature: _____ Date: _____

Printed Name: _____ Title: _____

AMOUNT RECEIVED: _____ REGISTRATION NUMBER: _____

DATE ISSUED: _____

ROUTING: W/S POLICE FIRE B/P TREASURER'S OFFICE