

PLEASE RETURN TO: City Clerk's Office 192 Adams Avenue PO Box 1089 Morton, WA 98356 Phone: 360-496-6881 Fax: 360-496-6899	LICENSE FEE: \$50.00	FOR OFFICE USE ONLY
	Annual Renewal Fee (due Jan.1) 40.00	Date Received _____
Transfer of Business Address fee 15.00	Temporary Permit 20.00	Amount Paid _____
Flea Market Vendor Permit 5.00	Background Investigation Fee 24.00	Receipt No. _____
(If deemed necessary by the Chief Of Police)		License No. _____
		Issue Date _____

CITY OF MORTON APPLICATION FOR BUSINESS LICENSE

The City of Morton Municipal Code requires that each business operating within the City Limits obtain a business license from the City Clerk's Office. Business Licenses are non-transferable. If you discontinue your business activity in Morton, please notify the City Clerk's office at 360-496-6881. Each year, all current Business Licenses are required to be renewed by January 1. Business Licenses are not pro-rated.

APPLICANT MAILING ADDRESS (IF DIFFERENT FROM BUSINESS ADDRESS) (All information related to this license will be sent to this address)

Name: _____

Title: _____

Address: _____

City, State, Zip: _____

Business Phone: _____ Business Fax: _____

DOING BUSINESS AS:

Business Name: _____

Type of Business: _____

Business Address: _____

City, State, Zip: _____

Opening Day: _____

WA STATE UBI/TAX # FEDERAL TAX ID # HEALTH PERMIT #
(If Applicable)

BUSINESS OWNER'S NAME: (Including middle initial) HOME PHONE:

OWNERS HOME ADDRESS: CITY/STATE/ZIP

DATE OF BIRTH: DRIVER'S LICENSE # SOCIAL SECURITY #

MANAGER'S NAME: (If applicable) (Including middle initial) HOME PHONE:

HOME ADDRESS: CITY/STATE/ZIP

BUSINESS INFORMATION:

NUMBER OF EMPLOYEES LOCATED AT YOUR PLACE OF BUSINESS IN THE CITY OF MORTON: _____

Please check one of the following: If Home occupation, please complete home Occupation form:

- _____ Wholesale
- _____ Retail
- _____ Service
- _____ Construction
- _____ Commercial
- _____ Manufacturing

EMERGENCY CONTACTS – You must provide two local contacts that are available 24 hours a day, 7 days a week for the Police and Fire Departments in case of emergency.

Name	Phone No.
_____	_____
_____	_____

I hereby certify and declare under penalty of perjury under Washington Law that the statements furnished by me on this application are true and complete to the best of my knowledge and that I will comply with the provisions of the Morton Municipal Code in doing business in Morton.

Signature of Owner

Date

My signature above releases authority to the City of Morton to conduct a background investigation, both criminal and financial.

Please read and initial: “Collection and disposal of all solid waste by agents of the City of Morton is universal and mandatory.” _____(initials)