

**CITY OF ELMA- APPLICATION FOR BUSINESS LICENSE  
ORDINANCE NO. 596, 604 AND 739**

**RETURN TO: CITY OF ELMA**  
P.O BOX 3005                      **TELEPHONE: (360)482-2212**  
ELMA, WA 98541

**LICENSE FEE: \$25.00**

Keep duplicate copy for your files and mail original to: **Clerk-Treasurer, City of Elma**

To be issued to: \_\_\_\_\_  
(Full name of owner)

Firm Name: \_\_\_\_\_ Business phone: \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_  
(City)                                      (State)                                      (Zip Code)

**IMPORTANT: Complete Lines applicable to Type of Business**

Opening Date of business in Elma: \_\_\_\_\_

Nature of Business in detail: \_\_\_\_\_

State whether Individual, partnership, or Corporation: \_\_\_\_\_

Have you ever been issued a Certificate of Registration by the Dept of Revenue of the State of Washington?

Yes  No  *If you check "No", a business license will not be issued until such time as a UBI number is issued by the State. Contact the Dept of Revenue for paperwork to obtain a number.*

UBI # \_\_\_\_\_

**Building Contractors      \*\*\*\*Copy of Contractors License required\*\*\*\***

Be sure all information to your activities is complete. If additional space is needed use reverse side of this form. If business is conducted in more than one location within the City of Elma, complete the following schedule of business locations. **There is no charge for additional business licenses for branch locations.**

**SCHEDULE OF ADDITIONAL BUSINESS LOCATIONS IN ELMA:**

List each plant, factory, store, office or other location: Give name and address of brokers, warehousemen or other person representing taxpayer in this City if no office or warehouse is maintained in Taxpayers name.

\_\_\_\_\_  
Name under which operated                                      Street Address

Is a combined or separate report desired?

Date: \_\_\_\_\_ Trade Name \_\_\_\_\_ Signed by: \_\_\_\_\_

Office or Title: \_\_\_\_\_

**DO NOT SEND CASH OR STAMPS**