



CITY of SPOKANE
Taxes & Licenses
808 W Spokane Falls Blvd
Spokane WA 99201-3336
(509) 625-6070
Fax: (509) 625-6990
www.spokanecity.org

OFFICE USE ONLY	
Entered By:	_____
Date Received:	_____
DBL #:	_____
License #:	_____
NAICS/SIC:	_____

TEMPORARY BUSINESS REGISTRATION APPLICATION

Registration Required

No person may engage in business in the City or with the City without first having obtained and being the holder of a valid temporary business registration as provided in chapters. (SMC 8.01 and SMC 10.40.010)

Persons Engaging in Business

...one generally, acting in an independent capacity, whether or not subject to immediate control and supervision by a superior, or one who acts as an employer and has employees subject to his control and supervision.

Temporary Registration

\$56.50 for first 90 day, \$46.50 for an additional 90 days

Business Information

Mail attention to _____

Legal name of business entity _____

Business name or dba (doing business as) _____

Mailing address _____ City _____ State ____ Zip _____

Business phone _____ Cell phone _____

Fax _____ Email address _____

UBI # _____ EIN # _____

Starting date of business _____

Indicate type of ownership: Sole Proprietor
 Partnership LLC (Limited Liability Company) Corporation

List all locations within the City of Spokane (use a separate sheet if needed)

Business name (if different from above)	Location address	Personnel at location	Emergency contact number

Describe what you sell and/or services provided: _____

What is the: Past or Current Use of Location: _____

Ownership Information

What type building is this? Commercial _____ Residential _____

Is your building more than 12,000 square feet? Yes _____ No _____

Name(s) of Sole Proprietor, Partners, Corporate Officers, and Resident Agents: List true name(s), title, residence address, telephone number, and date of birth of the sole proprietor or all partners or corporate officer/directors (attach a separate sheet, if needed).

Name	Title	Residence Address	Telephone	Birth Date

If you acquired the business in whole or in part, complete the following information.

Date acquired _____ Former business registration # _____

Former name of business _____

I certify or declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. All information given is subject to verification with the State of Washington Department of Revenue. I agree to report any changes in information to the City of Spokane Treasurer's office within a timely manner.

Signature _____ Date _____

Printed Name _____ Title _____

Please sign application and mail with fee to the City of Spokane.