



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

<b>OFFICE USE ONLY</b>	
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.**