



CITY OF CHENEY BUSINESS LICENSE APPLICATION

609 2ND STREET, CHENEY, WA 99004

LICENSE No: 2010-_____

- NEW BUSINESS RENEWAL (NO CHANGE IN BUSINESS OWNERSHIP, NAME OR LOCATION)
 CHANGE OF OWNERSHIP/NAME/LOCATION (CIRCLE ALL APPLICABLE)

NAME OF BUSINESS			
TYPE OF BUSINESS: <input type="checkbox"/> BUSINESS/PROF OFFICE <input type="checkbox"/> CHILDCARE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> DOOR-TO-DOOR SALES (MARK ONLY ONE): <input type="checkbox"/> FINANCIAL/INSURANCE <input type="checkbox"/> GOVT/SCHOOL <input type="checkbox"/> MANUFACTURING <input type="checkbox"/> MEDICAL/DENTAL SVCS <input type="checkbox"/> NON-PROFIT/RELIGIOUS <input type="checkbox"/> PROPERTY MGT/RENTAL <input type="checkbox"/> REAL ESTATE <input type="checkbox"/> RESTAURANT/FOOD SVC <input type="checkbox"/> RETAIL <input type="checkbox"/> SERVICE <input type="checkbox"/> WHOLESALE <input type="checkbox"/> OTHER:			
CONTRACTOR LICENSE #		DATE ISSUED:	EXPIRATION:
WASHINGTON STATE UBI #			
APPLICANT NAME (PLEASE PRINT LEGIBLY):		POSITION WITH COMPANY:	
PARENT COMPANY NAME (IF DBA):			
BUSINESS PHONE:	CELL PHONE:	EMAIL ADDRESS:	
DESCRIBE IN DETAIL THE PRINCIPAL PRODUCT(S) OR SERVICE(S) RENDERED:			
LOCAL MAILING ADDRESS:			
BUSINESS PHONE:	FAX:	CELL PHONE:	EMAIL ADDRESS:
MAIN ADDRESS (IF DIFFERENT):	ADDRESS	CITY, ST, ZIP	
BUSINESS PHONE:	FAX:	CELL PHONE:	EMAIL ADDRESS:
BUSINESS WEB SITE:			
BUSINESS LOCATION (PHYSICAL ADDRESS, IF DIFFERENT):			
WILL YOU OPERATE THIS BUSINESS AT MORE THAN 1 LOCATION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, HOW MANY? _____ LIST OTHER ADDRESSES:			
IS THIS A RESIDENCE / HOME OCCUPATION? <input type="checkbox"/> YES <input type="checkbox"/> NO		TAX PARCEL #:	
NUMBER OF FULL-TIME EMPLOYEES AT THIS ADDRESS:		NUMBER OF PART-TIME EMPLOYEES:	
IS THIS BUSINESS SHARING SPACE WITH ANOTHER BUSINESS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHO?			
BUILDING OCCUPANCY LOAD:		VERIFIED BY:	
BUILDING CLASSIFICATION: <input type="checkbox"/> BUSINESS <input type="checkbox"/> COMMERCIAL BLDG <input type="checkbox"/> DUPLEX <input type="checkbox"/> EDUCATIONAL (MARK ONE): <input type="checkbox"/> FACTORY <input type="checkbox"/> INSTITUTIONAL <input type="checkbox"/> MULTI-FAMILY RESIDENTIAL <input type="checkbox"/> SINGLE-FAMILY RESIDENTIAL			
USE ZONE:		VERIFIED BY:	

