



CITY OF CHENEY BUSINESS LICENSE APPLICATION

609 2ND STREET, CHENEY, WA 99004

LICENSE NO: _____

- 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: (MARK ONLY ONE)	<input type="checkbox"/> AUTO SALES/SERVICE <input type="checkbox"/> BUSINESS/PROF OFFICE <input type="checkbox"/> CHILDCARE <input type="checkbox"/> COMMUN/MEDIA/TECHNOLOGY <input type="checkbox"/> CONTRACTOR: CONCRETE <input type="checkbox"/> CONTRACTOR: CONCRETE/PAVING <input type="checkbox"/> CONTRACTOR: ELECTRICAL <input type="checkbox"/> CONTRACTOR: FENCE <input type="checkbox"/> CONTRACTOR: FIRE PROTECTION <input type="checkbox"/> CONTRACTOR: GENERAL <input type="checkbox"/> CONTRACTOR: MECHANICAL/HVAC	<input type="checkbox"/> CONTRACTOR: PLUMBING <input type="checkbox"/> CONTRACTOR: ROOFING <input type="checkbox"/> CONTRACTOR: SIGN <input type="checkbox"/> CONTRACTOR: OTHER <input type="checkbox"/> FINANCIAL/INSURANCE <input type="checkbox"/> GOVT/SCHOOL <input type="checkbox"/> HAIR/NAILS/FITNESS <input type="checkbox"/> JANITORIAL SVC/SUPPLIES <input type="checkbox"/> LANDSCAPING/LAWN CARE <input type="checkbox"/> MANUFACTURING <input type="checkbox"/> MEDICAL/DENTAL SVCS	<input type="checkbox"/> NONPROFIT CIVIC/RELIGIOUS <input type="checkbox"/> PET SVCS/VETERINARY <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: _____

BUSINESS DIRECTORY RELEASE: PLEASE LIST MY BUSINESS ON THE CITY OF CHENEY'S WEBSITE AND TOURISM PUBLICATIONS AS FOLLOWS:

- DO NOT LIST MY BUSINESS
 BUSINESS NAME, WEBSITE, EMAIL & PHONE NUMBER (NO STREET ADDRESS)
 INCLUDE STREET ADDRESS
IF NO BOX IS CHECKED, THE BUSINESS NAME, WEBSITE, EMAIL & PHONE # WILL BE LISTED.
STREET ADDRESS INFO WILL BE INCLUDED ONLY FOR LOCAL BUSINESSES WITH A FIXED BUSINESS LOCATION WITHIN THE CHENEY CITY LIMITS.

LOCAL (PHYSICAL/STREET) ADDRESS:		OR <input type="checkbox"/> CITY-WIDE (NO FIXED LOCATION WITHIN CITY LIMITS)
IS THIS A RESIDENCE / HOME OCCUPATION?	<input type="checkbox"/> YES <input type="checkbox"/> NO	TAX PARCEL #:
MAILING ADDRESS (IF DIFFERENT FROM LOCAL ADDRESS):		
CITY, STATE & ZIP:		
BUSINESS PHONE:	CELL PHONE:	EMAIL ADDRESS:
FOR BUSINESSES WITH FIXED LOCATION INSIDE CHENEY CITY LIMITS ONLY: 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:		
CONTRACTOR LICENSE #	EXPIRATION:	WASHINGTON STATE UBI #
PARENT COMPANY NAME & ADDRESS (IF DBA):		
CITY, STATE & ZIP:		
APPLICANT NAME (PLEASE PRINT LEGIBLY):		POSITION WITH COMPANY:
BUSINESS PHONE:	CELL PHONE:	EMAIL ADDRESS:
DESCRIBE IN DETAIL THE PRINCIPAL PRODUCT(S) OR SERVICE(S) RENDERED:		
BUSINESS WEBSITE:		

