

CITY OF BREWSTER BUSINESS LICENSE APPLICATION

Date of Application: _____

License Year **Calendar Year 2017**

Circle one: **NEW** **RENEWAL** Circle one: **SOLE PROPRIETOR** **PARTNERSHIP** **CORPORATION**

WA State Tax Number: _____ Federal ID or SS#: _____

Contractor Registration Number (if applicable): _____

Business Name: _____

Owner Name(s): _____

Business Mailing Address: _____

Business Physical Address: _____

Owner Mailing Address: _____

Business Phone Number: _____

Type of Business: _____

(Please be specific; designate if wholesale or retail)

If PARTNERSHIP, attach list of partners. If CORPORATION, attach list officers with titles. Please include addresses and phone numbers for both.

Have you ever had a Brewster Business License for a different business? _____

If yes, please list names of businesses): _____

***In determining license fees, business firms located outside the City of Brewster shall include all employees performing any portion of their duties within the City. Local firms include total number of employees, regardless of number of hours employees work per week. The City is requesting that a copy of the State Master License be presented at the time the application is turned in. We will not process your application until we receive proof of the State Master License.**

Number of persons, **including owners**, working in or for the business* _____

License Fee: _____

(CALENDAR YEAR OR ANY PORTION)	
NUMBER OF EMPLOYEES	FEE
1 to 3	\$ 75.00
4 to 7	\$ 148.00
8 to 20	\$ 298.00
21 to 39	\$ 440.00
40 & Over	\$ 473.00

I hereby certify under penalty of perjury that the statements furnished by me on this application are true and complete to the best of my knowledge. I understand that the information given by me on this application will be verified during a 30 day grace period, after which my license may be denied if the information is determined to be incorrect or fraudulent. I further understand that my license can be revoked at any time for due cause as stated in the Brewster Municipal Code.

Signed

Title

Please return to: City of Brewster, PO Box 340, Brewster, WA 98812