

PLEASE RETURN TO: City Clerk's Office 250 Main Avenue PO Box 1089 Morton, WA 98356 Phone: 360-496-6881 Fax: 360-496-6899	LICENSE FEE: \$50.00	FOR OFFICE USE ONLY
	Annual Renewal Fee (due Jan.1) 40.00	Date Received _____
	Transfer of Business Address fee 15.00	Amount Paid _____
	Temporary Permit 20.00	Receipt No. _____
	Flea Market Vendor Permit 5.00	License No. _____
	Background Investigation Fee 24.00	Issue Date _____
	(If deemed necessary by the Chief of police)	

CITY OF MORTON APPLICATION FOR BUSINESS LICENSE

The City of Morton Municipal Code requires that each business operating within the City Limits obtain a business license from the City Clerk's Office. Business Licenses are non-transferable. If you discontinue your business activity in Morton, please notify the City Clerk's office at 360-496-6881. Each year, all current Business Licenses are required to be renewed by January 1. Business Licenses are not pro-rated.

APPLICANT MAILING ADDRESS (IF DIFFERENT FROM BUSINESS ADDRESS) (All information related to this license will be sent to this address)

Name: _____

Title: _____

Address: _____

City, State, Zip: _____

Business Phone: _____ Business Fax: _____

DOING BUSINESS AS:

Business Name: _____

Type of Business: _____

Business Address: _____

City, State, Zip: _____

Opening Day: _____

WA STATE UBI/TAX #

FEDERAL TAX ID #

HEALTH PERMIT #
(If Applicable)

BUSINESS OWNER'S NAME: (Including middle initial)

HOME PHONE:

OWNERS HOME ADDRESS:

CITY/STATE/ZIP

DATE OF BIRTH:

DRIVER'S LICENSE #

SOCIAL SECURITY #

MANAGER'S NAME: (If applicable) (Including middle initial)

HOME PHONE:

HOME ADDRESS:

CITY/STATE/ZIP

BUSINESS INFORMATION:

NUMBER OF EMPLOYEES LOCATED AT YOUR PLACE OF BUSINESS IN THE CITY OF MORTON: _____

Please check one of the following:

If Home occupation, please complete home Occupation form:

_____ Wholesale

_____ Retail

_____ Service

_____ Construction

_____ Commercial

_____ Manufacturing

EMERGENCY CONTACTS – You must provide two local contacts who are available 24 hours a day, 7 days a week for the Police and Fire Departments in case of emergency.

Name

Phone No.

Name

Phone No.
