



**City of Algona  
Business License Application**

402 Warde Street  
Algona, WA 98001  
(253) 833-2897

(FOR OFFICE USE ONLY)  
BUSINESS LICENSE # \_\_\_\_\_

Business Name \_\_\_\_\_

Telephone # \_\_\_\_\_

Street Address \_\_\_\_\_

WA State Labor & Industries # \_\_\_\_\_

City State Zip \_\_\_\_\_

WA State Tax Identification # \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Name of owner/officer Title \_\_\_\_\_

City State Zip \_\_\_\_\_

Name of owner/officer Title \_\_\_\_\_

Name of owner/officer Title \_\_\_\_\_

Year Business Opened: \_\_\_\_\_

Is this a Renewal? Yes  No

CHECK ONE:  CORPORATION  PARTNERSHIP  INDIVIDUAL OWNER

**Business Classification:**

Commercial \$50  
(Located Inside City Limits)

Short-Term or Outside  
City Limits \$50  
(attach copy of State  
Contractor's license and or  
Labor & Industries Certificate)

Home Occupation \$15

<b>Late Fees:</b>	1 - 30 days delinquent	10% - minimum \$ 5.00
	31 - 60 days delinquent	15% - minimum \$10.00
	After 61 days	20% - minimum \$15.00

Type of Business (detailed description of business activities):  
\_\_\_\_\_

*I hereby certify that the statements and information furnished by me on this application are true and complete, to the best of my knowledge. I acknowledge that the statements and information furnished by me on this application are public records and are available for public inspection pursuant to State of Washington RCW 42-17-260.*

PRINT NAME \_\_\_\_\_

TITLE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_