



**CITY OF OAK HARBOR**  
 865 S.E. BARRINGTON DRIVE  
 OAK HARBOR, WA 98277-4092  
 (360) 279-4500

License Expiration Date

Date Business Opened / /

**APPLICATION FOR CITY BUSINESS LICENSE**

FILL OUT FORM COMPLETELY - INCOMPLETE APPLICATIONS CANNOT BE PROCESSED

<b>BUSINESS NAME</b>	<b>BUSINESS LOCATION</b>
<b>DBA NAME</b>	<b>Business in Residence YES / NO</b>
<b>MAILING ADDRESS</b>	<b>PERSONAL/ BUSINESS PHONE #</b>
<b>PERSONAL/BUSINESS E MAIL ADDRESS</b>	<b>UBI NUMBER</b>
	<b>STATE LIC #</b>
	<b>CONTRACTOR LICENSE #</b>

**CIRCLE KIND OF BUSINESS** WHOLESALE CONSTRUCTION TELECOMMUNICATION FINANCIAL INST RETAIL MANUFACTURING  
 REAL ESTATE RESTAURANT SOLICITING

**DESCRIPTION OF BUSINESS** (give details)  
 Number of Employees:  
 DO YOU STORE FLAMMABLE OR HAZADOUS MATERIALS? YES / NO IF YES, TYPE AND QUANTITY:

**CIRCLE OWNER STATUS:** INDIVIDUAL PARTNERSHIP LLP LLC  
 CORPORATION NON-PROFIT (\*ATTACH LATEST COPY OF IRS 501 (C) EXEMPTION CERTIFICATE)

LIST OWNERS, PARTNERS, REGISTERED AGENT OR OFFICERS & TITLE	RESIDENCE ADDRESS	CITY	ZIP	RESIDENCE PHONE
1.				
2.				

IN CASE OF EMERGENCY NOTIFY: PHONE 1.  
 PHONE 2.

All license fees are due and payable with this application.

General Business Classification 1-\$100, 2- \$50, 3- \$25 -----	\$ _____
Chapter 5.05 Entertainment Establishment Endorsement Type 1 \$25-----	\$ _____
Chapter 5.05 Entertainment Establishment Endorsement Type 2 \$200 + \$22 -----	\$ _____
Chapter 5.10 Adult Entertainment Endorsement \$720 + \$145 + \$145 -----	\$ _____
Chapter 5.15 Pawnbroker Endorsement \$30 -----	\$ _____
Chapter 5.21 Taxicab and For Hire Vehicle Endorsement \$50 + \$25 + \$22 -----	\$ _____
Chapter 5.25 Transportation Network Company Endorsement \$600-----	\$ _____
Chapter 5.29 Mobile Food Vendor Endorsement \$300-----	\$ _____
Chapter 5.35 Horse Drawn Carriages, Carts or Conveyances Endorsement \$50 + \$25 for additional horse -----	\$ _____
	Total Due: \$ _____

**Make checks payable to City of Oak Harbor**

I DECLARE UNDER PENALTY OF PERJURY THAT THE INFORMATION AND STATEMENT CERTIFIED HEREIN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I AM AWARE THAT ANY VIOLATION OF THE OAK HARBOR MUNICIPAL CODE WILL TERMINATE THE BUSINESS LICENSE. I AM AWARE THAT MY BUSINESS MUST BE IN COMPLIANCE WITH LOCAL BUILDING, ZONING, AND FIRE CODES AND MY LICENSE APPLICATION MAY BE DENIED OR REVOKED IF I AM FOUND TO NOT BE IN COMPLIANCE. REQUIRED PERMITS MUST BE APPROVED BEFORE THIS BUSINESS LICENSE CAN BE ISSUED.

SIGNED BY \_\_\_\_\_  
 OFFICE/TITLE \_\_\_\_\_  
 DATE \_\_\_\_\_

**THE CITY OF OAK HARBOR SALES TAX LOCATION CODE IS 1503.**

AMOUNT PAID	DATE ISSUED	BY	SIC#	DATE BUSINESS DISCONTINUED	LICENSE NUMBER
\$					

**THIS FORM MUST BE RETURNED**