



Business License Application

City of Mount Vernon

City of Mount Vernon
P.O. Box 809
Mount Vernon, WA 98273
360-336-6202
mvfinance@ci.mount-vernon.wa.us
www.ci.mount-vernon.wa.us

Business Name _____ **Application Date** _____
Trade Name _____
Mailing Address _____ **Business Start Date** _____

Business Address _____

Business Phone _____ **Home Phone** _____
UBI No. _____ **Number of Employees** _____
Website _____ **E-Mail** _____

New Business
 Change of ownership
 Renewal
 Change of Name

Type of Business **Home Occupation**

Retail Wholesale Financial Inst. Other Yes
 Services Manufacturing Real Estate Soliciting No

Description of Business _____

Ownership Status Individual Partnership Corporation Non-Profit

Owners/Partners or Officers	Title	Residence Address	Phone
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Temporary License From _____ Through _____

Hazardous/Flammable Materials On-Site Yes No Type/Quantity _____

In case of Emergency, notify _____
Address _____ Telephone _____

Important Information - Please Read and Sign Below

Non-refundable fee must accompany renewal			
Validated License Will be Mailed	New	Renewal	Late
Make checks payable to: City of Mount Vernon	_____	_____	_____

All license fees are due and payable by January 31 each year. Failure to pay license fees by due date will incur a penalty. If business is no longer conducted in Mount Vernon, please indicate here _____. Although no fee may be due, please sign this form and return it to the City to avoid penalties and/or possible court action.

I declare under penalty of perjury that the information and statements contained herein are true and correct to the best of my knowledge and belief, I am aware that any violation of the Mount Vernon Municipal Code will terminate the business license.
Signature _____ Date _____
Title _____

Note: Additional City permits may be necessary before the owner can commence business. All business signs within the City limits must be approved by the Community & Economic Development Department (360-336-6214).

Amount Paid	Date Paid	Cash or Check	By	NAISC#	License No.
_____	_____	_____	_____	_____	_____



**CITY OF MOUNT VERNON
SUPPLEMENT TO BUSINESS LICENSE APPLICATION
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(Please complete all blanks or application will not be processed)

State Tax License Number (UBI) _____

Is the business a:
Sole Proprietorship Partnership Corporation

Property Previously Occupied By: _____

Will the business have gambling? Yes* No

**If answering yes, additional form is required*

Will the business be a second hand dealer? Yes* No

**If answering yes, additional fee is required*

Type of garbage service: Cans Number _____

Dumpster Size _____

Name and address of person responsible for sewer and garbage bill:

Signature _____

Date _____

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