



City of Carnation

4621 Tolt Avenue
P.O. Box 1238
Carnation, WA 98014-1238
Phone: (425) 333-4192 Fax: (425) 333-4336

CARNATION SALES TAX CODE NO. IS 1707

LICENSE NO. _____
YEAR ENDING DECEMBER 31, _____

Application for City Business License

FEE MUST ACCOMPANY APPLICATION – NON-REFUNDABLE

Business Name:		Business Address:	
Mailing Address:		Business Phone No.:	
Kind of Business: <input type="checkbox"/> Whole Sale <input type="checkbox"/> Contractor <input type="checkbox"/> Other _____ <input type="checkbox"/> Retail <input type="checkbox"/> Services <input type="checkbox"/> Manufacturing <input type="checkbox"/> Real Estate <input type="checkbox"/> Soliciting		Total No. of Employees in Carnation	Approx. Business Floor Area
Description of Business (give details)			Home Occupation <input type="checkbox"/> Yes <input type="checkbox"/> NO (in city only)
Owner Ship Status: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation		Parent Location if Branch:	
List Owner, Officers or Partners	Title	Residence Address	City & Zip Residence Phone Date of Birth
Temporary License For _____ day(s) from: _____ through: _____		Amusement Devices on Premises? <input type="checkbox"/> Yes <input type="checkbox"/> No	WA State Sales Tax No. _____ State Contractor License No. _____
Do you store FLAMMABLE or HAZARDOUS materials? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list type and quantity		In Emergency Notify: Phone 1. _____ 2. _____	

IMPORTANT: READ AND SIGN BELOW – RETURN WITH FEE. VALIDATED LICENSE WILL BE MAILED TO YOU.

FEES

_____	NEW REGULAR LICENSE.....	\$ 75.00
_____	RENEWAL REGULAR LICENSE.....	\$ 75.00
_____	NEW HOME BASED LICENSE.....	\$ 50.00
_____	RENEWAL HOME BASED LICENSE....	\$ 50.00
_____	THREE-DAY TEMP. LICENSE.....	\$ 15.00
_____	HALF YEAR LICENSE (/ After June 1)	50%
_____	PENALTY FOR LATE RENEWAL.....	50%

FEES DUE

NEW _____
LATE _____
RENEWAL _____

READ BEFORE SIGNING

I certify that the above information is correct. I acknowledge that all businesses in Carnation must comply with all City and relevant State and/or Federal law including but not limited to occupancy, access, zoning, building, fire and health codes. I further acknowledge that payment of the required application does not constitute a valid business license as required under Section 5.12 of the Carnation Municipal Code, and that no license will be issued until any appropriate reviews have been completed.

Signature _____

Full Name (Printed) _____

Title _____

City Use Below This Line

Planning _____ Date _____	Building _____ Date _____	Amount Paid _____ Date Issued _____
Comment _____	Comment _____	
Fire _____ Date _____	Police _____ Date _____	By _____ License No. _____
Comment _____	Comment _____	

VENDORS PLEASE RETURN REGISTRATION BY June 4th

Make checks payable and send Registration to:

Carnation 4th of July Committee c/o Debbie Green, Vendor Chair, PO Box 688 Carnation, WA 98014

Name _____ Company Name _____

Address _____

Phone# _____ Fax # _____

E-Mail Address (your registration confirmation will be sent) _____

Cell Phone (for day of event contact) _____

* **Booth Type** ___ Corner(\$25)

___ Profit (\$75) ___ Non-profit(\$50)

- Food (Health Dept Permit Required)
- Service/Sales
- Information
- Fundraiser

Booth Description

Number of Booths required _____ **Amount Due** _____ **Check #** _____

Booth Choices 1st _____ 2nd _____ 3rd _____

- I have attached my completed City Business License Application. I understand that my application fee is waived as long as it is received by the deadline of June 4th.**
- I have attached my Health Department Permit if necessary.**
- I have attached proof of insurance naming the City of Carnation and the 4th of July Committee as additional insured.**

In consideration of my entry in the 4th of July Celebration in Carnation as a Booth operator, I agree to legally bind myself, heirs and executors and do hereby release the City of Carnation, the Carnation 4th of July Committee and any and all sponsors from any and all liabilities arising from illness, injury and damages, I may suffer as a result of my participation in this event. I have read the entry information provided and certify my compliance with my signature. I further agree to supply evidence of insurance coverage with my application if requested.

Signature _____ Date _____