

Business License Application Solicitud de Licencia Comercial



Granger City Hall
 102 Main Street
 PO Box 1100
 Granger, WA 98932
 Phone: 509-854-1725
 Fax: 509-854-2103
 Email: tog@televar.com

New Application - \$50.00

Date of Application _____

Name of Business
 Nombre de la empresa _____

Business Phone:
 Teléfono de la empresa _____

Business Location
 Ubicación de la empresa _____

Mailing Address:
 Dirección postal _____

Business Activity:
 Actividad empresarial _____

Applicant Name:
 Nombre de solicitante _____

Applicant Address:
 Dirección de solicitante _____

Phone:
 Teléfono _____

Name of Emergency Contact:
 Nombre del contacto de emergencia _____

Phone:
 Teléfono _____

State UBI Number:
 Número UBI del estado _____

Federal EIN:
 Federal EIN _____

E-Mail Address:
 Dirección de correo electrónico _____

Website:
 Sitio web _____

Are flammable, combustible or hazardous materials kept at the business location? En la empresa mantiene materiales inflamables, combustibles o peligrosos? ___ Yes (Si) ___ No (No)

If yes, describe nature, quantity and location of such materials. If not sure, contact the Fire Chief at 509-854-1725. En caso afirmativo, describa la naturaleza, cantidad y ubicación de dichos materiales. Si no está seguro comuníquese con el jefe de bomberos al 509-865-1725. _____

Applicant Signature (Firma del solicitante) _____

Date of Signature (Fecha de la firma) _____

City Clerk	Recommended:	Approved <input type="radio"/>	Disapproved* <input type="radio"/>	Initial _____
Police Chief	Recommended:	Approved <input type="radio"/>	Disapproved* <input type="radio"/>	Initial _____
Fire Chief	Recommended:	Approved <input type="radio"/>	Disapproved* <input type="radio"/>	Initial _____
Public Works Director	Recommended:	Approved <input type="radio"/>	Disapproved* <input type="radio"/>	Initial _____

**If disapproval of the Business License is recommended, please attach written documentation detailing the reasons for disapproval.*

Business License # _____ Fee \$ _____ Cash ___ Check # _____ Receipt # _____ Date _____

CITY OF GRANGER BUSINESS LICENSE CHECK LIST

The following must be complied with and signed off by the approving official prior to operation by the applicant.

- ___ 1. Site Plan Showing Ingress and Egress and location in relation to other buildings, structures, streets and private driveways. (Required) *(Yakimap-GIS is sufficient)*
- ___ 2. Copy of Washington State Master License/UBI Certificate. (Required)
- ___ 3. Copy of Federal Employer Tax ID Number/Certificate. (Required)
- ___ 4. Copy of Labor and Industries Certificate (Required)
- ___ 5. Photocopy of ID of Owner/Operation of New Business. (Required)
- ___ 6. Zoning Verification. (Required)
- ___ 7. Restroom Facilities available. (Required)
- ___ 8. Permission to locate business/Letter of property owner. (If Required)
- ___ 9. Copy of Registered Contractor's License Number. (If Required)
- ___ 10. Copy of Yakima County Health District Food Service License. (If Required)