



Granger City Hall
102 Main Street
P.O. Box 1100
Granger, Washington 98932
Office (509) 854-1725
Fax (509) 854-2103

**CITY OF GRANGER
APPLICATION FOR BUSINESS LICENSE**

RENEWAL - \$25.00

DATE OF APPLICATION _____

Owner's Name _____

Owner's Address _____

Phone Number(s) (day) _____ (evening) _____

Business Name _____

Business Physical Address _____

Business Mailing Address _____

Business Phone _____ Business Fax _____

Washington State UBI# _____ Contractor's License # _____

In case of emergency, notify _____
(name) (phone)

I hereby certify that the above information is correct and understand that approval of this application is not authority to operate a business unless compliance with all applicable city ordinances and state or federal laws is maintained.

Signature of Applicant _____ Date _____

Print Name _____

Title _____

FOR OFFICIAL USE ONLY

DATE APPLICATION RECEIVED _____ BY _____ ZONING _____

APPLICATION APPROVED _____ DENIED _____ (IF DENIED, ATTACH REASON FOR DENIAL)

REGISTRATION # _____ FEE _____ CASH _____ CHECK # _____ RECEIPT # _____ DATE _____