



APPLICATION FOR BUSINESS LICENSE

City of Roy

www.cityofroywa.us

PO Box 700; Roy, WA 98580-0700 (253) 843-1113 Fax (253) 843-0279

- Renewal**
 New Application
 Change/Update Information
 Business terminated effective ____/____/20____

Your Business & Occupation tax return is due quarterly unless you request a monthly or annual reporting period. Please indicate preference:
 quarterly
 annually
 monthly
Estimated annual gross receipts: \$ _____

Legal name of business			
Doing business as (dba)			
Address (street, city, state, zip)			
Mailing address if different			
Phone	Alternate phone	Fax	Contact name
Email	Emergency contact		Emergency phone
Owner of business		Owner's address (street, city, state, zip)	
Nature of business			
Washington State Unified Business Identifier number (UBI)		Contractor/Professional license number (if applicable)	
Pierce County Health Approval number (if applicable)			

Under penalties of perjury, I declare that I have examined the foregoing and to the best of my knowledge and belief, declare it to be true, complete and correct.

Signature Date

Printed name Title

Business licenses are effective for the period beginning February 1 and ending January 31 of the following year. Please submit \$45.00 fee with application.

OFFICIAL USE ONLY			
Fee received _____	Date _____	License no. issued _____	Date _____
Issued by _____		Reporting period _____	