

CITY OF AIRWAY HEIGHTS

BUSINESS LICENSE APPLICATION

City Hall: 1208 S Lundstrom St, Airway Heights, WA 99001-9000
City Hall 244-5578, Fax 244-3413
Building 244-5514, Planning 244-2552



The City of Airway Heights Municipal Code 5.04.030 requires that each business operating within City limits obtain a Business License from the Clerk-Treasurer's office. Businesses must comply with all City codes and ordinances which include, but are not limited to, the Land Use Code, Building Codes, and Fire Codes. For City of Airway Heights permit information, please call (509) 244-5514.

Business Name: _____

Dept of Revenue Reporting Name: _____ State UBI No. _____

Mailing Address: _____ City: _____ St: _____ Zip: _____

Airway Heights

Physical Address: _____

Business Contact: _____ Business Phone: _____

Emergency Contact: _____ Emergency Phone: _____

Type of Business: _____ # of Employees: _____

Contractors Lic # (if applicable): _____ Tax Parcel #(if in City limits): _____

APPLICATION TYPE: _____ 48 Hour -- \$10.00 _____ Annual: 0-9 (FT) Employees \$50.00

FEE SCHEDULE: _____ 30 Day -- \$25.00 _____ Annual: 10 + (FT) Employees \$100.00

Renewals are due by January 15th each year. 10% penalty after 30 days 20% penalty after 60 days.

Landlord Information: Name: _____

(if in City limits)

Address: _____ Phone No. _____

I, the undersigned, declare under the penalties of perjury and/or the revocation of any license granted that I am the applicant or authorized representative of the firm making this application, that I will comply with the provisions of the City of Airway Heights Municipal Code in doing business in the City and that the answers contained, including any accompanying information, have been examined by me and that the matters and things set forth are true, correct and complete.

APPLICANT SIGNATURE

TITLE

DATE TAXPAYER ID NUMBER

Required for sole proprietors (RCW 26.23.150)

Issuance of a business license does not imply nor state that the business is in compliance with all federal, state and local laws.

PLEASE READ AND INITIAL: Collection and disposal of all solid waste by the City of Airway Heights or its agent is universal and compulsory. _____

All annual licenses expire on December 31st of the year in which this application is received.

OFFICE USE ONLY: State UBI and, if applicable, Contractor's Number(s) verified with the Washington State Department of Revenue. Date: _____ Employee's Initials: _____