City of Carnation
4621 Tolt Avenue w PO Box 1238
Carnation, WA 98014-1238
Phone: (425) 333-4192 Fax: (425) 333-4336
www.carnationwa.gov

Chapter 35.90 RCW Compliant

City of Carnation Temporary Business License Application

Business Name:

Business Address:

Mailing Address:

Business Phone Number:

Business Type: ☐ Wholesale ☐ Contractor ☐ Retail ☐ Services
☐ Real Estate ☐ Manufacturing ☐ Soliciting ☐ Other:

Ownership Type: ☐ Individual ☐ Partnership ☐ Corporation

Business Description:

List Owners/Officers/Partners	Residence Address	Phone	DOB

State Sales Tax No. (UBI): State L&I Contractor Lic. No:

Emergency Contact (Name)	Phone No.
1.	
2.	
3.	

License Type
☐ Temporary Business License (3 consecutive days) $15.00
☐ Transient Merchant (5 days within 5 months) $15.00
☐ Fee Exempt License (Per CMC 5.12.050(B)(1)&(2)

Dates of Business: From: to

READ BEFORE SIGNING: I certify that the above information is correct. I ackApnowledge 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	Printed Full Name	Date

Amount Paid: **Receipt No.:** **Date:**

Approval:

Signature	Printed Full Name	Date