

Town of Steilacoom

1030 Roe Street
Steilacoom WA 98388 (253) 581-1912

**Application for Business License
Non-Resident Commercial Business**



1. Business Name: _____

2. Mailing Address for Business: _____

3. Telephone Number of Business: _____

4. Contractor License #: _____ 5. State UBI # _____

6. Type of Business:

General Contracting

Specialty Contracting

Circle one: Plumbing, Roofing, Electrical, Irrigation, Fence, Concrete

Lawn/Landscaping Service

Other, *please describe:*

I certify or declare under penalty of perjury under the laws of the State of Washington that the information contained in this application is true and correct to the best of my knowledge. I understand that falsification of any information on this application is grounds for immediate denial or revocation of a business license, and may result in prosecution.

Signature: _____ Date: _____

Receipt #: _____ Fee: \$75.00

Please Note: State law requires most job sites to have a first aid kit and at least one employee trained and certified to provide first aid and CPR.

For Town Use Only:
Approved by: _____ Date: _____