



City of DuPont
1700 Civic Drive
DuPont, Washington 98327
(253) 964-8121
(253) 964-3554 fax

Temporary Business License Application
Ordinance Number 373

Applicant Information

Failure to provide any requested information may delay your application. The license shall be valid for a period of **24 hours** from the date and time specified. A fee of **\$5.00** is required for all vendors conducting business in the City of DuPont for a **special event** in any 24 hour period. Please make your check payable to the City of DuPont and remit with this application to the address listed above.

Please note: For special event licenses, we will mail your Business & Occupation Tax form to you at the end of the year.

SPECIAL EVENT _____ EVENT DATE: _____

Legal Business Name: _____ WA State U.B.I. #: _____ - _____ - _____

Doing Business As (if different from above): _____

Type of Business: _____

Business **Location Address** (No P.O. Boxes): _____

City: _____ State: _____ Zip: _____

Business **Mailing Address**: _____

City: _____ State: _____ Zip: _____

Office Contact Name: _____ Email: _____

Business Website: _____ Phone: _____ Fax: _____

I hereby certify that the statement furnished by me on this application are true and correct to the best of my knowledge and belief.

Authorizing Signature: _____ Date: _____

Authorizing Name: _____ Title: _____

Please Print

City of DuPont use only

Date Received: _____ Receipt #: _____ Check No: _____ Amount _____

Time: _____ Didn't issue license (list reason) _____

Issued Temporary License# _____