



**City of DuPont**  
 1700 Civic Drive  
 DuPont, Washington 98327-9603  
 (253) 964-8121

**Business License Application**

Ordinance Number 373  
 Resolution 362

**New License - Year 2010**

**Renewal - Year 2010**

**Located In DuPont?**

**Home Occupancy**

**New/Change in Use**

**Applicant Information**

Please allow 6 to 8 weeks for processing. Failure to provide any requested information may delay your application. **A fee of \$50.00 is required.** If you are a **HOME BASED** business located within the city limits of DuPont with revenues of less than \$10,000, the fee is \$20.00. Please make your check payable to the City of DuPont and remit with this application to the address listed above.

If your business makes \$20,000 or less per year, how would you like to report your Business and Occupation Tax?  
 (please check one) Quarterly \_\_\_\_\_ Annually \_\_\_\_\_

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

Doing Business As (if different from above) \_\_\_\_\_

Type of Business (please circle) : Sales Professional Services Manufacturing Warehousing Food Service  
 Childcare\* Contractor Medical Peddler Non-Profit Office Other (Please explain) \_\_\_\_\_

\*If childcare, please attach a copy of your Washington State Department of Social and Health Services License.

Contractor's License # (if applicable) \_\_\_\_\_ Type of License: \_\_\_\_\_ Expires: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Local Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Business **Mailing Address**: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Business Website : \_\_\_\_\_ Office Phone: \_\_\_\_\_ Office 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 \_\_\_\_\_

Home Occup Permit yes no HO# \_\_\_\_\_  Didn't issue license (list reason) \_\_\_\_\_

City of DuPont  
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 253-964-8121 phone  
 253-964-3554 fax