

CITY OF MABTON

PO BOX 655 • PH (509) 694-4096 • FAX (509) 894-4813
MABTON, WASHINGTON 98935

GENERAL LICENSE No.

BUSINESS LICENSE ANIMAL LICENSE OTHER REQUIRE _____

LICENSE FOR YEAR _____ OR PERIOD STARTING _____ AND ENDING _____

APPLICANTS NAME _____ LIC. FEE \$ _____

MAILING ADDRESS _____ (IF ANY) ADD'L FEE \$ _____

CITY / STATE / ZIP _____ TOTAL \$ _____

APPLICANT SIGNATURE _____ CITY CLERK'S SIGNATURE _____ DATE _____

DETACH HERE AND DISPLAY IN PUBLIC VIEW

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NAME OR BUSINESS _____ NUMBER OF EMPLOYEES (INCLUDING OWNER) _____
STATE SALES TAX REGISTRATION NUMBER _____
LOCATION OF BUSINESS _____
TYPE OF BUSINESS _____ PHONE NUMBER _____
WAS BUSINESS TAKEN OVER FROM ANOTHER LICENSED OWNER THIS PAST YEAR? ____ YES ____ NO
I hereby certify under the penalty of perjury that the above information is correct to my best knowledge and belief, and it is understood that receipt of a license to engage in a business activity in the City of Mabton will in no way relieve me from the obligation to secure any other applicable license required by City Ordinance or abiding by all health and sanitation, zoning, building code, plumbing code and fire code regulations in force during the period for which such license is issued.

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NAME OF ANIMAL _____ (circle one) AGE _____ MALE / FEMALE
 DOG OTHER ANIMAL _____ SPAYED / NEUTERED ____ YES ____ NO
DESCRIPTION (BREED / COLOR / SIZE) _____
PHYSICAL ADDRESS _____
WHERE ANIMAL IS KEPT _____ TAG NO. _____

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TEMPORARY OR SPECIAL LICENSE INFORMATION
RESPONSIBLE PERSON OR ORGANIZATION _____
LOCATION LICENSE ISSUED FOR _____
RESPONSIBLE PERSON'S PHONE NUMBER _____ LAST NAME _____
OTHER INFORMATION _____