CITY OF ISSAQUAH WASHINGTON

Finance Department
PO Box 1307, Issaquah, WA 98027
(425) 837-3050 FAX (425) 837-3029
www.ci.issaquah.wa.us

Sales Tax Code No. 1714

YEAR ENDING: DECEMBER 31, _____
BUSINESS OPENING DAY:
Certificate # *(for renewals only)*-

APPLICATION FOR CERTIFICATE OF REGISTRATION FOR ADMISSION TAX

(License certificate will be mailed)

(PLEASE PRINT – ALL QUESTIONS MUST BE ANSWERED)

BUSINESS NAME *(sole proprietor, partnership, corporation, LLC, etc.):*	**MAILING ADDRESS:**
DBA:	
WA STATE UBI#:	
PHYSICAL ADDRESS:	**BUSINESS LOCATED IN CITY LIMITS?** ☐ **YES** ☐ **NO**
	CONTACT NAME:
	CONTACT PHONE: ( )
BUSINESS PHONE: ( )	**EMAIL ADDRESS:**

TYPE OF BUSINESS:

☐ Movie Theaters
☐ Cabarets/Dances (Where a Cover Charge is Applicable)
☐ Concerts/Performing Arts
☐ Special Events
☐ Other _____

DESCRIPTION OF BUSINESS (GIVE SPECIFIC DETAILS):

NON-REFUNDABLE FEE MUST ACCOMPANY THIS APPLICATION

☐ **CERTIFICATE OF REGISTRATION FEE $15.00 (IMC 3.10.050)**

SIGNATURE of Applicant	**Application Date:**
PRINT Name of Applicant	
TITLE of Applicant (owner, partner, officer, authorized agent)	

IF BUSINESS IS SOLD OR CHANGES OWNERSHIP, A NEW LICENSE IS REQUIRED

CONTACT THE FINANCE DEPARTMENT AT (425) 837-3050 WITH QUESTIONS, OR IF YOU WISH TO CHANGE ANY OF THE FOLLOWING:

Business location, mailing address, nature of business, owners, or if you no longer conduct business in Issaquah

FOR OFFICE USE ONLY

AMOUNT PAID	DATE RECEIVED	BY	DATE DISCONTINUED	RECEIPT # / CHECK #