



Sales Tax Code No. 1714

Finance Department
PO Box 1307, Issaquah, WA 98027
(425) 837-3050 FAX (425) 837-3029
Issaquahwa.gov

YEAR ENDING: DECEMBER 31, _____

BUSINESS OPENING DAY:

LIC # (for renewals only)-

CITY OF ISSAQUAH UTILITY OCCUPATION LICENSE APPLICATION

(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 UTILITY: ☐ Natural Gas ☐ Electric ☐ Water ☐ Surface Water ☐ Other _____ ☐ Solid Waste ☐ Cable TV ☐ Sewer ☐ Telephone	
DESCRIPTION OF BUSINESS (GIVE SPECIFIC DETAILS):	
NON-REFUNDABLE FEE MUST ACCOMPANY THIS APPLICATION	
FOR PAYMENTS RECEIVED AFTER FEBRUARY 1 ST A \$10 PENALTY WILL BE ASSESSED PER MONTH FOR EACH MONTH PAST DUE (IMC 5.32.025)	
☐ NEW LICENSE FEE \$60.00 ☐ RENEWAL FEE \$50.00	
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 #