

City of Kent Contractor License

City of Kent Customer Services • 220 Fourth Avenue S. • Kent, WA 98032-5895 • (253) 856-5210 Fax (253) 856-6200

PLEASE TYPE OR PRESS FIRMLY—BLACK OR DARK BLUE INK ONLY

All licenses expire December 31. Renewal invoices mailed in January.

Fee Must Accompany Application **\$101**

Opening July 1 or after

\$51

	Date:			
1.	Name of Business:			
	Business Address:			
	City:			_ ZIP:
	Phone: ()			
	Mailing Address:			
	City:		_ State:	_ ZIP:
2.	WA State UBI#:			
3.	WA State TRN (Tax Registration Number):			
4.	☐ Indiv. ☐ Partnership ☐ LLC ☐ Corporation I	Provide ownership information	n; include suppleme	ental list if needed.
	Owner(s) Name(s):			
	Address:			
	City:			
	Phone: ()			
5.	Contact Person:			
	Phone ()			
6.	Description of Business:			
7.	s your Business subject to the State of Washington B&O Tax (Chapter 82.04 Revised Code of Washington)? Yes □ No			
	s your Business subject to City of Kent B&O Tax (please reference the list of exemptions noted on page 2 of the susiness Activities Questionnaire)? Yes No Exemption Number			
I hereby certify that the statements and information furnished by me on this application are true and complete to the best of my I also acknowledge that the statements and information furnished by me on this application are public records and are available inspection pursuant to State of Washington RCW 42.17.260. I understand that issuance of this license is conditioned upon completimes with all applicable ordinances, regulations and statutes of the City of Kent and the State of Washington. The issuance of this license does not imply compliance with the Zoning, Uniform Fire and Building Codes.				are available for public I upon compliance at all
	Signature:	ture: Print Name:		
	Title:		Date:	
FC	OR OFFICE USE ONLY: BLOC # Date	e Rec'd	Date Mailed	
T.R	R.# Am	t. Paid	Other	