



TOWN OF LA CONNER BUSINESS LICENSE APPLICATION

BUSINESS NAME: _____

Please describe nature of business _____

Business Mailing Address _____

Location of Business (Street Address) _____

UBI # _____ Business Phone # _____

BUSINESS OWNER(S): _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone # _____ Email _____

PROPERTY OWNER: _____

Mailing Address _____

City _____ State _____ Zip Code _____

NOTE: *The following section applies only to those businesses located within the La Conner town limits*

1. Evidence of lease or ownership attached _____
2. Number of employees _____
3. Number of parking spaces provided _____
4. Gross floor area of business space (in square feet) _____
5. Seating capacity (food service establishments only) _____
6. Do you intend to serve alcoholic beverages? _____
7. Will your establishment be providing live entertainment? _____
8. Does your business ship or deliver the goods you sell to locations within Washington? Yes ___ No ___
(If yes, please refer to the attached information regarding Destination Based Sales)

For all over-the-counter sales where customers take home goods from the store location, and for deliveries outside the state of Washington, the sales tax reporting code for La Conner is **2905**.

Failure to renew your license by January 31st of each calendar year will result in a delinquency charge.

Applicant Signature _____ **Date** _____

OFFICE USE ONLY			
Business Class #1 - \$228.00 _____	Class #2 - \$128.00 _____	Class #3 - \$75.00 _____	Class #4 - \$25.00 _____
Zone: Historic _____	Commercial _____	Industrial _____	Residential _____
Fee Paid _____	Receipt # _____	Date _____	
As Planning Director I hereby certify that this business meets La Conner Land Use Regulations with the following conditions _____			
Approved _____		Date _____	
Planning Director			