



TOWN OF LYMAN
PO BOX 1248
LYMAN WA 98263
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FAX (360)826-6473
EMAIL clerk_lyman@msn.com

BUSINESS LICENSE APPLICATION

NAME OF APPLICANT _____
ADDRESS _____

PHONE # _____

BUSINESS NAME _____

PHYSICAL LOCATION _____

MAILING ADDRESS _____

PHONE# _____ FAX _____ EMAIL _____

STATE DEPT OF REVENUE NUMBER (UBI No) _____

LIST ALL PERSONS HAVING A PROPRIETARY INTEREST IN YOUR BUSINESS

DESCRIPTION OF YOU BUSINESS SUCH AS TRADE, SHOP, BUSINESS PROFESSION, OCCUPATION

DATE OF APPLICATION _____

SIGNATURE OF APPLICANT _____

RECEIVED BY _____

APPROVED / / DISAPPROVED / / DATE _____

PLEASE REMIT \$ 42.00 to: Town of Lyman PO Box 1248 Lyman, WA 98263
If application is dated after June 30, send prorated fee of \$21.00 for 6 mos.