



Clerk/Treasurer's Office  
P.O. Drawer 9  
South Bend, WA 98586  
Phone (360) 875-5571  
Fax (360) 875-4009

December 12, 2018

Dear Business Owner:

On the reverse side of this letter is your application for a 2019 City of South Bend Business License. Please note any changes or fill in any missing information. Current license holders must renew their license by February 28<sup>th</sup>. Any new business will need to have an application for a license on file with the City of South Bend prior to the startup of the enterprise.

If you have any questions, please don't hesitate to contact me at (360) 875-5571.

Sincerely,

*Dee Roberts, MMC*  
Clerk/Treasurer

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**BUSINESS LICENSE FEES PER SBMC 3.12**

**\$50.00 Renewal Fee for all businesses conducting business in the city limits of South Bend.**

**For businesses located outside of the City of South Bend, only those working within the South Bend city limits shall be counted.**

Itinerant Merchants (salesman selling items door to door).....\$100.00 per year (plus \$10.00 per person)

# City of South Bend

P.O. Drawer 9

South Bend, WA 98586-0009

Telephone: 360-875-5571 Fax: 360-875-4009



## Application for Business License

This license required under SBMC 3.12

Please return with necessary fees prior to February 28, 2019

License # \_\_\_\_\_

(To be filled in by City Hall)

To be issued to (Trade name): \_\_\_\_\_

Location address: \_\_\_\_\_

\_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_

Business phone: \_\_\_\_\_ Business fax: \_\_\_\_\_

Residence address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Residence phone: \_\_\_\_\_

Indicate ownership status: Individual  Partnership  Corporation

Type of business: (give details) \_\_\_\_\_

\_\_\_\_\_

Number of employees, including owner (SEE REVERSE SIDE): \_\_\_\_\_

License Fee: \$50.00 \_\_\_\_\_

State Tax ID # \_\_\_\_\_

List Partners/Corporate Officers (include residences & phone numbers):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signed by: \_\_\_\_\_

Office/Title: \_\_\_\_\_ Date signed: \_\_\_\_\_