



250 Madison Street, Suite 1
Port Townsend, WA 98368 • (360) 385-2700 ext 4410

**PAYMENT
IS DUE**

SPECIALTY LICENSE RENEWAL NOTICE

PLEASE REVIEW ALL INFORMATION FOR ACCURACY AND CORRECT AS NECESSARY

BUSINESS LICENSE NO.

Business Name
Business Location
Mailing Address

EXPIRATION DATE

Bus. Phone
Bus. Fax
Start Date
SIC Code

If business is no longer active in the City of Port Townsend, please enter closing date here and return to address above:
_____ / ____ / _____

Ownership Email Address
WA State UBI No. Federal ID No.

Update below names of Owners, Partners, or Corporate Officers - Attach additional page if necessary.

Owner #1 Name Title Phone
Home Address

In case of emergency, please contact:

Name Title Phone
Address

• Renewal Message •

The license period is January 1 to December 31, annually. Please include the appropriate license fee(s) for any and all categories that apply to your business.

- Dancing, Beer/Wine Sales- Consumption on Premises (Class A) \$ 25.00 per year
- No Dancing, but Beer/Wine Sales - Consumption on Premises (Class B) \$ 25.00 per year
- Amusement Machines on Premises No. of Machines: _____ \$ 25.00 per machine, per year
- Vending Machines on Premises No. of Machines: _____ \$ 10.00 per machine, per year
- Trailer Park \$ 10.00 per year

LATE FEE - \$ 2.50 PER MONTH OF DELINQUENCY

	\$
Square Feet	Previous Year License Fee

PLEASE PAY THE FOLLOWING AMOUNT DUE:

Previous Balance	\$ 0.00
Renewal Fee	\$
Penalty Fee, if applicable	\$
TOTAL AMOUNT DUE	\$

I hereby certify that the information contained in this return is true and complete to the best of my knowledge.

Signature of Owner or Representative _____ Title _____ Date _____

RETURN COMPLETED RENEWAL NOTICE TO ABOVE ADDRESS WITH A CHECK MADE PAYABLE TO CITY OF PORT TOWNSEND