

City Of Mattawa

P.O. BOX 965
MATTAWA, WA 99349
(509) 932-4037

BUSINESS OCCUPANCY PERMIT APPLICATION

Business Name _____ Revenue Tax (UBI) # _____

Day Care License # _____
(Please attach a copy)

Street Address _____ Phone _____

Owners Name _____ Phone _____

Mailing Address _____

City _____ State _____ Zip Code _____

After Hours Contact _____ Phone _____

2ND Contact Person _____ Phone _____

If food establishment provide Grant Health District Food Service permit # _____

Description of Business (Be Specific)

Signature of Owner or Authorized Agent _____

Date _____



Fee Schedule:

Single Business: _____ \$ 50.00 Due January 31ST Yearly.

Additional Business

Separate Location: _____ \$ 50.00 Due January 31ST Yearly.

Multiple Business

Same Location: _____ \$ 50.00 1ST & \$25.00 ea. Additional due January 31ST Yearly.

Replacement License: \$15.00



FOR OFFICE USE: LICENSE # _____ LICENSE FEE: _____

RECEIPT # _____ DATE PAID: _____

FIRE AND SAFETY INSPECTION _____

LOCAL FIRE DEPT. _____

FIRE REP. SIGNATURE