



**City of DuPont**  
**303 Barksdale Ave**  
**DuPont, WA 98327**  
**253-964-8121 phone**  
**253-964-3554 fax**

Business License Application  
 Ordinance Number 769

### Temporary Business License Application

Failure to provide any requested information may delay your application. The license shall be valid for a period of **24 hours** from the date and time specified. A fee of \$5.00 is required for all vendors conducting business in the City of DuPont for a special event or any 24 hour period. Please make your check payable to the City of DuPont and remit with this application to the above address.

#### Applicant Information

\*Business Name: \_\_\_\_\_

\*Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\*Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

\*Contact Name: \_\_\_\_\_

Type of Business: \_\_\_\_\_

\*Federal ID No: \_\_\_\_\_ \*WA State U.B.I. No: \_\_\_\_\_

\*Prepared by: \_\_\_\_\_ Title: \_\_\_\_\_  
please print

\*Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(\*Required Fields)

City of DuPont use only

License no: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Check no: \_\_\_\_\_

Did not issue license (list reason) \_\_\_\_\_