

CITY OF
ROCK ISLAND

5 N. Garden Avenue * P.O. Box 99 * Rock Island, WA 98850
(509) 884-1261 * Fax (509) 886-0569 * rockisland@nwi.net

BUSINESS LICENSE APPLICATION

UBI or EIN # _____ Date _____

Name of Business _____ Phone _____

Mailing Address _____

Physical Address (if different from above) _____

Briefly Describe Type of Business _____

Name of Owner _____ Phone _____
(Will be printed on License)

Zoning in Which Business is Located in: General Commercial _____ Low Residential _____
(If operating out of your home a Home Occupation Permit may be required.)

Business License fees are based on the total number of individuals employed during the year preceding the license year (including owner, full-time, part-time and temporary employees) from January 1st to December 31st.

Number of Employees Performing Any Part of Their Duties Within the City Limits.

| | | | |
|--------------|---------|-----------------|----------|
| 1 to 3..... | \$35.00 | 13 to 25..... | \$80.00 |
| 4 to 7..... | \$50.00 | 26 to 50..... | \$95.00 |
| 8 to 12..... | \$65.00 | 51 or more..... | \$100.00 |

TOTAL EMPLOYEES # _____ BUSINESS LICENSE FEE \$ _____

RETURN ENTIRE FORM WITH FEE * BUSINESS LICENSE WILL BE MAILED TO YOU

All license fees are due and payable by February 15th each year. Failure to pay license fees by due date will incur a penalty. (RIMC 5.02.100)

Local Sales Tax Code for revenue generated within the city is 0904.

I certify the above information is correct to the best of my knowledge.

Authorized Signature and Title