



COMMUNITY DEVELOPMENT DEPARTMENT
Code Administration Division
 129 North Second Street, 2nd Floor Yakima, Washington 98901
 (509) 575-6126 • Fax (509) 576-6576
 codes@yakimawa.gov • www.buildingyakima.com

OUT OF TOWN BUSINESS LICENSE APPLICATION

COMPLIANCE WITH THE URBAN AREA ZONING ORDINANCE IS REQUIRED PRIOR TO ISSUANCE OF ANY/ALL BUSINESS LICENSES

****ALL INCOMPLETE APPLICATIONS WILL BE RETURNED****

GENERAL BUSINESS INFORMATION

Business Name: _____

Physical Location: _____ Suite _____

Mailing Address: _____ Suite # _____

Attention: _____

City: _____ State: _____ Zip: _____

Business Phone: _____

FAX #: _____ E-Mail Address: _____

WA State UBI#: (Tax Number) _____

Parent Company Name (if applicable): _____

Ownership Type: Individual ___ Partnership ___ Association ___ Corporation ___ LLC ___

Is this business a change in ownership of an existing business? _____

Detailed Description of Business: _____

OWNERS/OFFICERS

**List Owners/Officers Below:
 (Use Separate Page if Needed)**

Name: _____	Title: _____
Home Address: _____	Phone: _____
City, State, Zip: _____	
Name: _____	Title: _____
Home Address: _____	Phone: _____
City, State, Zip: _____	



CITY OF YAKIMA PRELIMINARY INDUSTRIAL WASTE SURVEY (shortened version)

Please complete this survey in full. A Federal and State requirement has been placed on this community to accomplish this inventory. **Failure to submit a completed survey will be in violation of Chapter 7.65 of the City's Municipal Code.** For assistance in completing this form, you may contact the Pretreatment Supervisor at (509) 249-6816.

Business Name: _____

Address of facility discharging wastewater:

Street _____ City _____

Brief description of business and services: _____

Is the facility connected to the public sewer system? Yes ___ No ___ Don't know ___

Utility Services Billing Account # (if known) _____

Based on your answers to these questions you may be asked to provide additional information to the City's Wastewater Division.

The information provided in this survey is, to the best of my knowledge, true and complete.

Signature

Date

Please print name and title

Telephone Number

**Pretreatment Office
Yakima Regional Wastewater Division
2220 East Viola Avenue
Yakima, WA 98901**