



COMMUNITY DEVELOPMENT DEPARTMENT

Code Administration Division

129 North Second Street, 2nd Floor Yakima, Washington 98901

Phone (509) 575-6126 • Fax (509) 576-6576 Email: codes@yakimawa.gov

CLOSING OUT SALES
REGULATORY LICENSE APPLICATION

YMC Chapter 5.26

Fee: \$55 PLUS \$5 for each \$1,000 or fraction thereof of the value of inventory

Applicant Info (required for EACH person having interest in business):

First Name: _____ Middle Initial: _____ Last Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

How Long At This Address: _____

Applicant's Phone: _____ Alternate Phone: _____

Applicant's Email: _____

Driver's License Number _____ Expiration Date: _____ State Issued: _____

Place of Birth: _____ Date of Birth: _____

First Name: _____ Middle Initial: _____ Last Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

How Long At This Address: _____

Applicant's Phone: _____ Alternate Phone: _____

Applicant's Email: _____

Driver's License Number _____ Expiration Date: _____ State Issued: _____

Place of Birth: _____ Date of Birth: _____

(attach additional pages if necessary)

Business Info:

Check one: Sole Proprietorship Corporation Partnership Association LLC

Business Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Physical Location: _____

Business Phone: _____ Alternate Phone: _____ Fax: _____

DECLARATION - I agree to conduct business in compliance with all of the ordinances of the City of Yakima and the laws of the State of Washington.

Signature: _____ Date: _____