

**TOWN OF MATTAWA**

P.O. BOX 965  
MATTAWA, WA 99349

**BUSINESS OCCUPANCY PERMIT APPLICATION**

Business Name \_\_\_\_\_ Revenue Tax Number \_\_\_\_\_

Street Address \_\_\_\_\_ Phone \_\_\_\_\_

Owners Name \_\_\_\_\_ Phone \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

After Hours Contact \_\_\_\_\_ Phone \_\_\_\_\_

2<sup>ND</sup> 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: \_\_\_\_\_ \$ 30.00 Due January 31<sup>ST</sup> Yearly.

**Additional Business**

Separate Locations: \_\_\_\_\_ \$ 15.00 Due January 31<sup>ST</sup> Yearly per location.

**Multiple Business**

Same Location: \_\_\_\_\_ \$ 45.00 Due January 31<sup>ST</sup> Yearly.

Temporary Business: \_\_\_\_\_ \$ 15.00 Each Month for up to 3 months.

**New Businesses Began**

After June 30<sup>TH</sup> : \_\_\_\_\_ \$ 15.00

Concessionaire: \_\_\_\_\_ \$ 15.00

**FOR OFFICE USE:** LICENSE # \_\_\_\_\_ LICENSE FEE: \_\_\_\_\_

RECEIPT # \_\_\_\_\_ DATE PAID: \_\_\_\_\_

FIRE AND SAFETY INSPECTION \_\_\_\_\_

\_\_\_\_\_  
FIRE REP. SIGNATURE

LOCAL FIRE DEPT. \_\_\_\_\_