



TOWN OF LYMAN  
PO BOX 1248  
LYMAN, WA 98263  
(360) 826-3033  
clerk@townoflyman.com

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**BUSINESS LICENSE RENEWAL**

NAME OF APPLICANT \_\_\_\_\_  
ADDRESS \_\_\_\_\_

PHONE # \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_

PHYSICAL LOCATION \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

PHONE# \_\_\_\_\_ FAX \_\_\_\_\_ EMAIL \_\_\_\_\_

STATE DEPT OF REVENUE NUMBER (UBI No) \_\_\_\_\_

**LIST ALL PERSONS HAVING A PROPRIETARY INTEREST IN YOUR BUSINESS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DESCRIPTION OF YOUR BUSINESS SUCH AS TRADE, SHOP, BUSINESS PROFESSION, OCCUPATION**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE OF APPLICATION \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_

RECEIVED BY \_\_\_\_\_

APPROVED / / DISAPPROVED / / DATE \_\_\_\_\_

PLEASE REMIT **\$50.00** to: Town of Lyman PO Box 1248 Lyman, WA 98263