

CITY OF



PORT ANGELES

WASHINGTON, U. S. A.

OCCUPATIONAL UTILITY TAX APPLICATION

License No.: _____

Applicant's Name: _____

Applicant's Address: _____

City, State, Zip: _____

Phone Number: _____

Brief Description of Business: (Please be specific)

Estimated Gross Annual Revenues: \$ _____

Frequency of Tax Payments: Monthly _____ Quarterly _____ Annually _____

FEIN: _____

Description of City facilities, property and/or services used by applicant:

Applicant's Authorized Representative: _____

Title: _____

The applicant, by signing below, hereby certifies to be in compliance with all City Ordinances and has obtained all applicable licenses, certificates, and authorizations from all other local, State or Federal agencies having jurisdiction.

Signature: _____ Date: _____

Please return completed application to: Nicole Blank
Finance Department

By email: Finance@cityofpa.us

Or by mail: City of Port Angeles
321 E 5th Street
Port Angeles, WA 98362