



6000 Main St. SW
Lakewood, WA 98499
Phone: (253) 512-2261

Business License Application Form for Panoram Manager

Fee: \$113.00

A 100% late fee will be applied to all renewing license applications past the renewal date.
Please print or type. A 21-day conditional license is issued upon receipt of completed application.
A business license must be obtained prior to the start date of a new business.

Purpose of Application (check one)

New Application Update/Renewal Application

Business License No.

We wish to take this opportunity to welcome you and your business to the community. The City's acceptance of your application and fee does not constitute approval or authorization to conduct business. Business licenses expire annually, failure to renew your business license will result in a 100% penalty assessed and other penalties/assessments may be added per the Lakewood Municipal Code Title 5. It is the responsibility of the business/Applicant to notify the City of Lakewood Business Licensing Division of any changes not reflected on the original business license application. Business licenses are specific and are not transferable.

- Incomplete Application Packages will not be accepted
- Application must be in the individual's name, signed by the applicant and notarized
- Applicant must present to the license division two of the following:
 - A. Current and valid State Driver's license with photo and signature.
 - B. Current Washington State issued identification card with photo and signature
 - C. Official passport issued by the United States
 - D. Any current/valid identification containing a photograph and date of birth.
- Three (3) 3/4 x 3/4 inch current color photographs.
- Police Department or designee shall fingerprint each applicant as they apply. (Not applicable for renewals.) Fingerprinting is done at the County City Bldg., located at: 930 Tacoma Ave South. Phone: 253-798-7530. Please contact their office for additional information.

Applicants Name:		Start Date:	Current Phone:
Home Address:			
City	State	Zip	
All Stage Names/Nicknames Used By Applicant:		Place of Birth:	Date of Birth:
Current Driver's License #:		State of Driver's License:	
Identification Card #:	State of Identification Card:	U.S. Citizen:	

Name, Address and Phone # of the Business where you intend to work as a Manager:

NAME:

ADDRESS:

PHONE #:

Have you been licensed by the City of Lakewood under any other name? If yes, what name?

Please circle one: **Yes** or **No** If yes, please print previous name: _____

<p>I certify that the information contained herein is correct. I understand that any untrue statement is cause for revocation of this application and the subsequent License. I further understand that there are no refunds of license fees and that falsification of, or omissions on this application are grounds for denial, suspension, or revocation of the license.</p>	<p>I authorize the City, its agents and employees to investigate and confirm any statements set forth in this application.</p> <p>I understand the conditional license I am issued will have an automatic conversion date of 21 days from date of issue to permanent for the remainder of the year, unless I fail to meet the requirements for the issuance of this license.</p>
<p>Applicant Signature: _____</p> <p>Print Name: _____</p> <p>Date Signed: _____</p>	<p>Signed By: _____</p>

Criminal convictions, locations, and approximate dates:

Please provide a complete statement of all convictions for any misdemeanor or felony violations in this or any other city, county or state within five years preceding application date.

Crime Convicted Of:	Location:	Date:

NOTARY:

State of Washington
County of Pierce

I, Certify that I know or have satisfactory evidence that _____
is the person who appeared before me and said person acknowledged that he/she signed this instrument and acknowledged it to be his/her free and voluntary act for the use and purposes mentioned in the instrument.

Dated: _____

Witness my hand and official seal:

Signature:

Name as commissioned:

Title:

My appointment expires:

Police Service Use Only:

Fingerprinted By: _____

Date Fingerprinted: _____

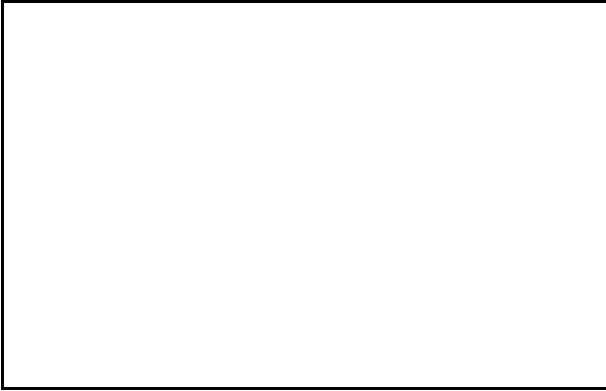


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