

Panoram Owner/Operator License Application

Date of Application:				
WA State UBI #		_ All Licenses must be renewed annually. Business License (Renewal) Fee: \$1,125.00 \$75.00 / Device.		
License #			\$73.007 Bevice.	
Attach a ske	etch and layout of the premise include	ling devise layout.		
A This specifi	c license applies to one business in c <u>Applicant Info</u>		ed in the section below	
Name of individual applying	ng for the License:			
Home Address of applican	t:			
Home Phone #:	ome Phone #: Social Security #: Date of Birth:		ate of Birth:	
List all Aliases:				
Driver's License #:	State of Driver's License: Business Information		Expires	
Business Name:		Business Phone #:		
Business Address:				
City/State/Zip		Business is: Individual Partnership Corporation Other		
	ss activities at your premises during ense application is for , hours of devices:			
Owners Information:				
Name:			Date of Birth:	
Street Address:			SS #:	
City/State/Zip			Phone #:	
Name:			Date of Birth:	
Street Address:			SS #:	
City/State/Zip			Phone #:	

	CORPORATIONS AND PARTNERSHIPS:	Finance Office Use Only: Paid By:		
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.	Please identify the person/agent responsible for business operations: Name:	☐ Cash ☐ Check, ☐ Check # Cash/Check Receipt #		
		Date the License was issued to the applicant:		
Applicant Signature: Print Name:	Address:	☐ Planning: ☐ Police: ☐ Fire: ☐ Building: ☐ Engineering:		
Date Signed:	Phone: DOB:	Received By:		
Criminal convictions, locations, and approximate dates:				

Have you been convicted of or found to have committed any violation of any law, ordinance or regulation related to or connected with the type of license for which you are applying?

Crime Convicted Of:	Location:	Date:

(Continued on page #3)

NOTARY:

State of Washington County of Pierce

Lecrify that I know or have satisfactory of person who appeared before me and said p	vidence thaterson acknowledged that he/she signer	is the d this instrument and acknowledged it
to be his/her free and voluntary act for the	use and purposes mentioned in the ins	trument.
Dated:		
Witness my hand and official seal:		
	_	
Signature:		
Name as commissioned:	_	
Title:	_	
	_	
My appointment expires:		
	_	
	Police Service Use Only:	
Fingerprinted By:		
Date Fingerprinted:		
	PHOTO ID.	