



**APPLICATION
CERTIFICATE OF REGISTRATION
ADMISSIONS**

Office Use Only
TRAN CODE: 3005

PLEASE PRINT OR TYPE

- 1. Applicant Name _____
- 2. Company _____
- 3. Location/Address _____
- 4. Telephone _____ Fax _____
Email Address _____
- 5. Home Address _____
- 6. Home Telephone _____
- 7. Type of Activity _____
- 8. Dates of Activity (if temporary) _____
- 9. Hours of Activity (if temporary) _____
- 10. Fees Charged:
 - Established Price _____
 - Non-City Tax _____
 - City Tax _____
 - Total Price _____
- 11. Signature of Applicant: _____ Date: _____

If site of activity is not owned by applicant, the following information is required:

- 12. Owner _____
- 13. Telephone _____ Fax _____
- 14. Address _____

RETURN COMPLETED FORM WITH \$1.00 FEE TO:

CITY OF KIRKLAND
*Tax Section
123 Fifth Avenue
Kirkland, WA 98033
Voice 425.587.3116
TTY 425.587.3111
FAX 425.587.3110*