



**APPLICATION
CERTIFICATE OF REGISTRATION
ADMISSIONS**

<p>Office Use Only TRAN CODE:</p>
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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 RELAY: 711
FAX 425.587.3110