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) ¾ x ¾ 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?

Pleas circle one: Yes or No  If yes, please print previous name: ________________________________

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.

Applicant Signature: ________________________________
Print Name: ______________________________________
Date Signed: ________________________________

Signed By: ______________________________________

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.

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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:

______________________________

NOTARY:

______________________________

State of Washington
County of Pierce

______________________________

Signature:

______________________________

Name as commissioned:

______________________________

Title:

______________________________

My appointment expires:

______________________________
Police Service Use Only:

Fingerprinted By: ________________________________

Date Fingerprinted: ______________________________

PHOTO ID.