

CITY OF LYNDEN

FINANCE DEPARTMENT
(360) 354-2829



UTILITY LICENSE APPLICATION

PLEASE PRINT OR TYPE

Business Name: _____

Business Address: _____

Mailing Address: _____

Type of Utility: _____

Name of Contact Person: _____

Email Address: _____

Phone Number: _____ **Fax Number:** _____

PAYMENT DUE MONTHLY

(Payment must be received before the last day of succeeding month)

UTILITY OCCUPATION LICENSE:

1. **There is no fee for this license.**
2. Must be reapplied for each calendar year that the utility is in operation.
3. Must be posted in the principal place of business located in the City or if business located outside City limits, the license shall be available for inspection at City's request.
4. Shall be personal and non-transferable.

(Signature) (Title) (Date)

Print Name

LICENSE NUMBER _____