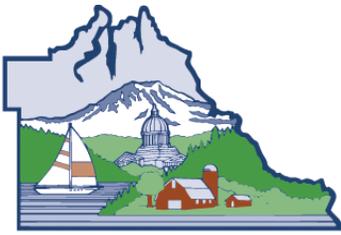




## MUSIC FESTIVAL PERMIT FOR UNINCORPORATED THURSTON COUNTY

Applicants name:		Physical Address of Music Festival:			
Address:					
City, State zip:					
Business phone: (     )		First Date of Music Festival _____	Total No. of Days of the festival: _____		
Type of Business/Organization:		Address:	Contact person:		
Legal Description :					
I, as the owner of the above described property, give my consent to the issuance of a permit for a music festival to be held on my property					
Signed _____					
List Owners, Partners or Officers (with 10 % or more interest)	Title:	Residence Address	City	State, zip	Residence phone:
I certify under penalty of perjury that I am an authorized signor for the business/organization and 18 years or older. I also certify that the above information is true and correct and I will abide by the provisions of Thurston County Code 10.64 and the laws of the State of Washington Authorized Signor _____					
<b>ALL BUSINESS SIGNS IN UNINCORPORATED THURSTON COUNTY MUST BE APPROVED BY THE PLANNING DEPARTMENT</b>					
NOTE: Additional County permits may be necessary before you can commence business. If you change your address, location, or nature of business, or if you are no longer doing business in unincorporated Thurston county, you must notify us immediately.					
<b>FEE MUST BE PAID WITH APPLICATION</b> Make checks payable to Thurston County Auditor					
New license FEE:		Other			
<b>FOR OFFICIAL USE ONLY</b>					
Amount Paid \$	Date Issued	By	Date Business Closed	License Number	
Comments: _____					



**BUSINESS LICENSE APPLICATION  
 FOR UNINCORPORATED THURSTON COUNTY**

Business name:			Physical Address of Business:		
Contact name:			City, State zip:		
Address:			Business phone: (    )		
City, State Zip:			Home Occupation: yes___ no___		Total No. of Employees:___
TYPE OF BUSINESS	Circus/Carnival ___	Flea Market ___	Itinerant ___	Junk/Secondhand/Antique ___	Hawker/Auctioneer ___
	Erotic Dancehall ___		Firework Retail Sales ___	Peddler ___	Massage Parlour/Public Bathhouse ___
	Erotic Entertainer/Dancer ___	Pet Shop ___	Fireworks ___	Music Festival ___	Parlour/Bathhouse Attendant ___
Detailed description of business:					
Type of ownership: Please mark one	Individual:___	Partnership:___	Corporation:___	Non-Profit:___	LLC:___
List Owners, Partners or Officers:	Title:	Residence Address	City	State, zip	Residence phone:
Business located in unincorporated Thurston County: Yes___ No___		Contractor's License Number:		Washington State UBI #	
Do you store flammable or hazardous materials? Yes___ No___ If yes, state type and quantity:			In Emergency Notify:	Phone	
			1. _____		
			2. _____		
<b>ALL BUSINESS SIGNS IN UNINCORPORATED THURSTON COUNTY  MUST BE APPROVED BY THE PLANNING DEPARTMENT</b>					
NOTE: Additional County permits may be necessary before you can commence business. If you change your address, location, or nature of business, or if you are no longer doing business in unincorporated Thurston county, you must notify us immediately.					
<b>FEE MUST BE PAID WITH APPLICATION</b> Make checks payable to Thurston County Auditor			I certify that the above information is correct Signed by _____  Office/Title _____ Date _____		
New license FEE: _____		Other _____			
<b>FOR OFFICIAL USE ONLY</b>					
Amount Paid \$	Date Issued	By	Date Business Closed	License Number	
Comments: _____ _____					