www.ci.snoqualmie.wa.us
Phone (425) 888-1555
Fax (425) 831-6041

APPLICATION FOR BUSINESS LICENSE

CITY OF SNOQUALMIE
Finance Officer
P.O. Box 987, Snoqualmie, Washington 98065

This Application is for a ☐ New (License No. *To Be Assigned* _____) ☐ Renewal (License No._____)

Annual Business License Fee For a Calendar Year: Fee Based On Number Of Employees working inside The City's limits.

Please Check # Employees	Fee
___ 0-2	$25.00
___ 3-10	$50.00
___ 11-25	$115.00
___ 26-50	$250.00
___ 51 & Over	$500.00

INSTRUCTIONS:
Items 1-25 must be completed, or application will not be accepted.
Please print or type.
Attach additional paper if needed.
Application must be signed.
Return application with payment, if the business is outside the City limits.
If form is not fully completed, a delay in processing the application will occur.
Please make checks payable to "City of Snoqualmie".

1. Business Organization: ☐ Sole Proprietor ☐ Partnership ☐ Corporation ☐ LLP ☐ LLC

2. _____
Name of Firm DBA (Doing Business As) Business Phone

3. _____
Business Address

_____
Mailing Address (if different from business address)

4. List names of all owner(s), partners, or officers:

	(1)	(2)	(3)
Name:			
Address:			
City/State/Zip			
Home Phone:			

5. Emergency Notification (must have two contacts)

	(1)	(2)
Name:		
Address:		
City/State/Zip		
Home Phone:		
Other Phone:		

6. Property Owner(s)/Leasing Agent

	(1)	(2)
Name:		
Address:		
City/State/Zip		
Home Phone:		

***7. List all business locations or job sites in Snoqualmie**

	(1)	(2)
Name:		
Address:		
Business Phone:		

***8. Specifically describe your business activity:** _____

9. Is this business a change of ownership, location change (within the City of Snoqualmie), or business activity change?

☐ Yes ☐ No If yes, please indicate:_____

10. Is this business conducted in a residence? ☐ Yes ☐ No

11. Occupancy Type:

☐ Apartment Building/Condo ☐ Office Building ☐ Single Family/Duplex

☐ Hospital/Nursing Home ☐ Retail ☐ Warehouse

☐ Hotel/Motel ☐ School ☐ Other (Please Specify)

12. Square feet (gross) of floor space/business activity uses:_____

***13. Workers at this location including owner/manager:**_____

***14. Type of business**

☐ Business/Professional Office ☐ Restaurant ☐ Wholesale

☐ Manufacturing ☐ Retail ☐ Other (Please Specify) _____

☐ Medical/Dental ☐ Services (personal)

***15. Is this a non-profit organization?**

☐ Yes ☐ No If yes, provide a copy of IRS 501(c)(3) Federal Tax Exemption Certificate

***16. Will any type of music be conducted at the business?** ☐ Yes ☐ No

***17. Will any admission fees be charged?** ☐ Yes ☐ No

***18. Do you store any flammable or hazardous materials?** ☐ Yes ☐ No
If yes, please attach a list of type and quantity

***19. Do you use any spray painting equipment?** ☐ Yes ☐ No

20. Do you or will you have an alarm? ☐ Yes ☐ No
*If yes, please indicate type, i.e. audible, silent, etc.:*_____
What is the name(s) and after hour phone number(s) of the person(s) to be notified in case the alarm is activated? _____
_____

21. Do you have a fire alarm system? ☐ Yes ☐ No

22. Do you have a fire sprinkler system? ☐ Yes ☐ No

23. Will waste material (other than restrooms) be discharged into the sewer? ☐ Yes ☐ No
If yes, please indicate type:
☐ Cooling Water ☐ Grease ☐ Wash Down or Floor Cleaning
☐ Food Waste ☐ Product Waste ☐ Other (Please Specify) _____

24. Will you have any sanitary sewer connections from your production area (other than restrooms)?
☐ Yes ☐ No
If yes, please indicate type:
☐ Cooling Water ☐ Grease ☐ Wash Down or Floor Cleaning
☐ Food Waste ☐ Product Waste ☐ Other (Please Specify) _____

25. Is this business license application for a home daycare? ☐ Yes ☐ No
If yes, please indicate the following:
D.S.H.S. License/Certification Number: _____*Expiration Date:*_____
Maximum number of children authorized by D.S.H.S. _____
Actual number of children enrolled: _____

26. For all other Home Occupations please answer the following*: (If you answer yes to any of these questions, please explain in the space provided. If needed, a separate sheet may be attached)*

a. Does the business employ individuals who are not residents of the subject dwelling unit?
☐ Yes ☐ No *If yes, how many?* _____

b. Does the business include any outside storage exterior indication, or outside activity on the subject property?
☐ Yes ☐ No *If yes, please explain*? _____

c. Does the business use any heavy equipment, power tools, or power sources not common to a residence?
☐ Yes ☐ No *If yes, what type?* _____

d. Are there any noise, dust, glare, vibration, odor, smoke, or other impacts to a residential area?
☐ Yes ☐ No *If yes, please explain*? _____

e. Is there pick-up or delivery by commercial vehicles (excluding occasional mail or courier deliveries)?
☐ Yes ☐ No *If yes, please explain*? _____

f. Do customers come to the subject property for goods and/or services?

☐ Yes ☐ No *If yes, how many persons per day and how many at one time*?_____

g. Does the business include parking or operating a vehicle, van or truck that exceeds 10,000 pounds in gross vehicle weight?

☐ Yes ☐ No *If yes, please explain*? _____

CITY OF SNOQUALMIE STATEMENT UPON APPLICATION FOR BUSINESS LICENSE:

The City of Snoqualmie, in accepting the foregoing Application for Business License, or in issuing a Business License Certificate, makes no representation that making application is an authorization to commence business, or that a licensed business is in compliance with City or State laws and regulations regarding the operation of the business within the City of Snoqualmie It is the responsibility of the business owner to investigate, maintain and ensure compliance with all applicable laws and regulations.

*I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

_____ _____

Applicant Signature Title

_____ _____

Signature Date Washington State Department of Revenue Tax No. (UBI)

DO NOT WRITE BELOW THIS LINE

FOR OFFICE USE ONLY

Building Official/Code Enforcement

Type of Construction: _____

Area: (SF) _____

Occupancy Group: _____

Comments: _____

_____

_____

_____

_____

_____

_____

Fire Inspection Certificate: _____(Date)

Date: _____ ☐ Approved ☐ Denied

_____

Building Official Signature

Planning Department

Zoning: _____

Parking: _____

Signs: _____

Note: Signs require separate approvals.

Date: _____ ☐ Approved ☐ Denied

_____

Director of Planning Department Signature

Finance Officer

Copy of Title 5 Provided: _____

Amount Paid: _____

Receipt No: _____

Date Issued: _____

By : _____

LICENSE NUMBER: _____

Date _____ Approved _____ Denied_____

_____

Finance Officer