



APPLICATION FOR NEW BUSINESS LICENSE

Phone (425) 888-1555

Fax (425) 831- 6041

CITY OF SNOQUALMIE

Business Licensing

P.O. Box 987, Snoqualmie, WA 98065

This Application is for a New License (No. To Be Assigned \_\_\_\_\_ )

Annual Business License Fee:

Fee Based On Number Of Employees working inside The City's limits.

Table with 2 columns: Please Check # Employees, License Fee. Rows include 0-2, 3-10, 11-25, 26-50, 51 & Over with corresponding fees.

INSTRUCTIONS:

Please DO NOT INCLUDE PAYMENT with application if the business is located within City limits.

Return application with payment, if the business is outside the City limits.

Items 1-25 must be completed, or application will not be accepted.

Please print or type legibly.

Attach additional paper if needed.

Application must be signed.

If form is not fully completed, a delay in processing the application will occur.

\*\* If applicable please attach a copy of the "Fire & Life Safety Inspection" Report

1. Name of Firm, DBA (Doing Business As), Business Phone

2. Business Address

Mailing Address (if different from business address)

Email Address (optional)

Business Web Address (optional)

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

Table with 3 columns for owner information: Name, Address, City/State/Zip, Home Phone.

4. Emergency Notification (must have two contacts)

Table with 2 columns for emergency contacts: (1), (2). Rows include Name, Address, City/State/Zip, Home Phone, Other Phone.

<b>5. Property Owner(s)/Leasing Agent</b>		
	(1)	(2)
Name:		
Address:		
City/State/Zip		
Home Phone:		

<b>*6. List all business locations or job sites in Snoqualmie</b>		
	(1)	(2)
Name:		
Address:		
Business Phone:		

**\*7. Specifically describe your business activity:** \_\_\_\_\_

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

Yes     No    If yes, please indicate: \_\_\_\_\_

**9. Is this business conducted in a residence?**     Yes     No

**10. Occupancy Type:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Apartment Building/Condo | <input type="checkbox"/> Office Building | <input type="checkbox"/> Single Family/Duplex   |
| <input type="checkbox"/> Hospital/Nursing Home    | <input type="checkbox"/> Retail          | <input type="checkbox"/> Warehouse              |
| <input type="checkbox"/> Hotel/Motel              | <input type="checkbox"/> School          | <input type="checkbox"/> Other (Please Specify) |

**11. Square feet (gross) of floor space/business activity uses:** \_\_\_\_\_

**\*12. Workers at this location including owner/manager:** \_\_\_\_\_

**\*13. Type of business**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Business/Professional Office | <input type="checkbox"/> Restaurant          | <input type="checkbox"/> Wholesale              |
| <input type="checkbox"/> Manufacturing                | <input type="checkbox"/> Retail              | <input type="checkbox"/> Other (Please Specify) |
| <input type="checkbox"/> Medical/Dental               | <input type="checkbox"/> Services (personal) | _____   |

**\*14. Is this a non-profit organization?**

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

**\*15. Will any type of music be conducted at the business?**     Yes     No

**\*16. Will any admission fees be charged?**     Yes     No

**\*17. Do you store any flammable or hazardous materials?**     Yes     No  
*If yes, please attach a list of type and quantity*

- \*18. Do you use any spray painting equipment?**  Yes  No
- 19. 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?* \_\_\_\_\_
- 20. Do you have a fire alarm system?**  Yes  No
- 21. Do you have a fire sprinkler system?**  Yes  No
- 22. 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) \_\_\_\_\_
- 23. 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) \_\_\_\_\_
- 24. 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:* \_\_\_\_\_
- 25. 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 OFFICIAL USE ONLY**

<p><b>Building Official/Code Enforcement</b></p> <p>Type of Construction: _____          Area: (SF) _____          Occupancy Group: _____          Comments: _____          _____          _____          _____          _____          _____          _____          _____          _____          _____</p>	<p><b>Planning Department</b></p> <p>Zoning: _____          Parking: _____          Signs: _____  <i>Note: Signs require separate approvals.</i>          _____          _____          _____          _____          _____          _____          Date: _____ Approved _____ Denied _____          _____          Planning Director Signature</p>
<p>Fire Inspection Certificate: _____(Date)</p> <p>Date: _____ Approved _____ Denied _____</p> <p>_____          Building Official Signature</p>	<p><b>Finance Department</b></p> <p>Copy of Title 5 Web Address Provided: <input type="checkbox"/></p> <p>Copy of Page 4 of Processed Application Provided: <input type="checkbox"/></p> <p>License Fee Paid: _____          Receipt Number: _____          Date : _____          By : _____</p>
<p>Date _____ Approved _____ Denied _____</p> <p>_____          Finance Officer</p>	