



APPLICATION FOR NEW BUSINESS LICENSE

City of Snoqualmie
P.O Box 987, Snoqualmie, WA 98065
Phone: 425.888.1555
Fax: 425.831.6041

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INSTRUCTIONS:

Please check the box that applies to your business:

- Business located within City Limits** - Please ***do not*** include payment with application; **complete all sections below**
- Business located outside City Limits** - Please ***include*** payment with application; **complete sections A, B, D only**

****If form is not complete and legible, a delay in processing the application will occur**

Section A

Name of Firm	DBA (Doing Business As)	Business Phone
Business Address - including city, state, and zip code		
Mailing Address (if different from business address) - including city, state, and zip code		
Email Address (optional)		
Business Web Address (optional)		

* Annual Fee Schedule	
Number of employees	Fee
0-2	\$25
3-10	\$50
11-25	\$115
26-50	\$250
51+	\$500

*Based on Number of employees working inside the City's Limits

Circle the number that applies

Names of all owner(s), partners, or officers:

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

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

Yes No If yes, please indicate: _____

Is this business conducted in a residence? Yes No

Section B

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) | |

Specifically describe your business activity: _____

Number of employees at this location including owner/managers: _____

Do you use any spray-painting equipment? Yes No

Section C

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) |

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

Do you store any flammable or hazardous materials? Yes No*If yes, please attach a list of type and quantity:*Will waste material (other than restrooms) be discharged into the sewer? Yes No*If yes, please indicate type:*

- | | | |
|--|--|--|
| <input type="checkbox"/> Cooling Water | <input type="checkbox"/> Grease | <input type="checkbox"/> Wash Down or Floor Cleaning |
| <input type="checkbox"/> Food Waste | <input type="checkbox"/> Product Waste | <input type="checkbox"/> Other (Please Specify) |

Will you have any sanitary connections from your production area (other than restrooms)? Yes No*If yes, please indicate type:*

- | | | |
|--|--|--|
| <input type="checkbox"/> Cooling Water | <input type="checkbox"/> Grease | <input type="checkbox"/> Wash Down or Floor Cleaning |
| <input type="checkbox"/> Food Waste | <input type="checkbox"/> Product Waste | <input type="checkbox"/> Other (Please Specify) |

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: _____

For all other Home Occupations please answer the following: (If you answer yes to any of these questions, please explain in the space provide. 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?
 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?* _____

Section D

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

Building Official/Code Enforcement

Type of Construction: _____
Area: (SF) _____
Occupancy Group: _____
Comments: _____

Date: _____ Approved _____ Denied _____

Building Official Signature

Planning Department

Zoning: _____
Parking: _____
Signs: _____

Note: Signs require separate approvals.

Date: _____ Approved _____ Denied _____

Comments: _____

Planning Official Signature

Finance Department

Copy of Title 5 Web Address Provided

Copy of Page 4 of Processed Application Provided:

License Fee Paid: _____

Receipt Number: _____

Date: _____

By Finance Representative: _____

Date: _____ Approved: _____ Denied: _____

Finance Director Signature (If Deemed Necessary)