



BUSINESS LICENSE APPLICATION
SMALL BUSINESS

NEW APPLICATION UPDATE APPLICATION/ADDRESS or OWNER CHANGE

INSTRUCTIONS:

- a. Answer all questions on page 1 completely.
b. Answer all questions on either page 2 or 3 completely, depending on the type of business.
c. Calculate fees payable using the Business License Fee Calculation Worksheet for Small Businesses.
d. Return the completed application, printed copy of the fee calculation worksheet, and applicable fees to the Mukilteo City Hall at the above address for processing.

BUSINESS TYPE: GENERAL (Business at a fixed location within City) (page 3)
GENERAL NON-RESIDENT (Business which is not occupying a fixed place of operation within the City) (page2)
HOME OCCUPATION (Business office/operations located within a Mukilteo residential dwelling) (page 2)

BUSINESS NAME:
STREET ADDRESS:
MAILING ADDRESS:
CITY/STATE/ZIP:
BUSINESS PHONE:
EMAIL ADDRESS:
WA STATE TAX (UBI) NO:
FEDERAL TAXPAYER ID/SOCIAL SECURITY NO:
DESCRIBE IN DETAIL YOUR BUSINESS ACTIVITIES, PRODUCTS OR SERVICES:

OPENING DATE OF BUSINESS:

TYPE OF BUSINESS (Check all that apply):

- Retail Manufacturing Construction Groups Real Estate Leasing/Rentals
Wholesale Services Financial/Insurance
Canvassing, Peddling or Soliciting (Attach Form A: Canvasser, Peddler or Solicitor - REQUIRED)
Other (Specify):

TYPE OF OWNERSHIP (Check all that apply):

- Sole Proprietor Partnership Corporation Association LLC Non-Profit

Note: Partnerships, Corporations or Associations must provide name, title, address and phone number of all owners/officers.
Non-Profit organizations must provide copy of Federal (IRS) or State certification.

LOCAL CONTACT OR

OWNER:
HOME ADDRESS:
CITY/STATE/ZIP:
PHONE:
DRIVER'S LICENSE #/
STATE: DATE OF BIRTH:

Is business regulated, licensed or certified by any other governmental or professional agency (i.e. Dept. of Labor & Industry, DSHS):

NO YES If YES, please provide a copy of your current and valid license or certification.

SECTION I - HOME OCCUPATION

Total square footage of living space in your home: _____

Total square footage of office space or business area used in your home: _____

Number of employees, including sole proprietors: _____

State number of visits and frequency to your home by clients, employees, or commercial vehicles:

Per Day _____ Per Week _____ Per Month _____

Will there be any outside storage of goods, display of materials, or outside activity:

NO YES If, YES, explain: _____

Will business require use of any heavy equipment, power tools, or power sources not common to a residence:

NO YES If, YES, explain: _____

Will there be any conditions such as noise, vibration, smoke, dust, odor, heat, or glare incidental to business activities:

NO YES If, YES, explain: _____

Will you be installing any signage: NO YES If YES, state size, number and location of sign(s):

(END OF HOME OCCUPATION SECTION - PROCEED TO SIGNATURE SECTION)

SECTION II - GENERAL NON-RESIDENT

Will you have any sales offices, contractor shacks, warehouses, distributing plants or storage yards located on premises within the City:

NO YES If, YES, specify location(s):

Number of employees physically soliciting/canvassing on premises within the City: _____

Number of employees performing general/specialty contract services on premises within the City: _____

Will you be installing any signage within the City: NO YES If YES, state size, number and location of sign(s):

(END OF GENERAL NON-RESIDENT SECTION - PROCEED TO SIGNATURE SECTION PAGE 4)

SECTION III - GENERAL BUSINESS

Owner or Landlord of premises in which business is located:

Name: _____
Street Address: _____
City/State/Zip: _____
Phone: _____

Parking Spaces Specified in Lease: _____ Parking Spaces Available: _____

Square footage (floor area) of business location: _____ No. of employees: _____
(including sole proprietors)

Business hours of operation: _____

Will you be making tenant improvements or installing signage: NO YES
If YES, building permit required – (425) 263-8000

Will you have any sales offices, contractor shacks, warehouses, distributing plants or storage yards on premises located within the City other than the business office location: NO YES
If YES, specify location(s): _____

Will waste material be discharged into the sewer: NO YES
If YES, indicate type (i.e. cooling water, product waste, grease, wash down or floor cleaning, etc.): _____

Will you have any sanitary sewer connections from your production areas other than restrooms: NO YES
If YES, indicate type (i.e. floor drains, sinks, sumps, catch basins, etc.): _____

Will you be storing any flammable or hazardous materials: NO YES
If YES, indicate type: _____

Will you have any vending machines or amusement devices installed at business location: NO YES

Will liquor be served on the premise: NO YES – If yes, State Liquor License # _____

Will there be Gambling activities: NO YES – If yes, State License # _____

EMERGENCY INFORMATION (CONFIDENTIAL)

Please list 2 persons who can respond with keys or can be reached after hours in case of an emergency:

1. Name _____ Phone (after hours) _____

2. Name _____ Phone (after hours) _____

(END OF GENERAL SECTION - PROCEED TO SIGNATURE SECTION PAGE 4)

CALCULATION OF BUSINESS LICENSE FEES

In addition to the first full year fee, the fee for an initial business license shall also include the prorated fee for the quarter, or portion thereof, during which the initial business license is issued.

IMPORTANT: Please use the appropriate City-provided Business License Fee Calculation Worksheet for Small Businesses to determine the amount of business license fees due. Include a printed copy of the worksheet with this application and remittance. Worksheet can be found at www.ci.mukilteo.wa.us under Business Licenses.

For further information or assistance completing this application please contact Business Licensing at (425) 263-8035.

CERTIFICATION AND SIGNATURE SECTION APPLICATION MUST BE SIGNED TO BE PROCESSED

Under penalty of perjury, I, the undersigned hereby certify that the information provided on this application is true and correct, to the best of my knowledge, and that the business for which this license is sought will be operated in a lawful manner and will not be in violation of any federal, state or local law, ordinance or regulation. I understand that I may be subject to a criminal records check.

I further certify that the business licensed through this application currently meets the requirements of a "small business" as stated in MMC 5.04.075, as follows:

(check all that apply)

- Annual gross income is \$5,000 or less; and,
- IRS Schedule C, Profit or Loss from Business is attached; or,
- Other applicable federal income tax form is attached; or,
- This is a new business which is expected to meet the gross income requirements of a small business. Prior year gross income verification is not available, and will be provided upon renewal of the next business license.

Signature: _____

Date: _____

Print Full Name: _____

Title (if applicable): _____

Please Note: Disclosure of information on this form does not eliminate the requirement to meet City regulations (**such as those for proper signage and adequate parking**) before business activity commences. Refer also to the separate Information Sheet for assistance with license requirements.

FOR OFFICE USE ONLY

Date	_____	Amount Paid	_____	BID #	_____	LIC #	_____
Receipt #	_____	<input type="checkbox"/> Annual	<input type="checkbox"/> Quarterly	Issued	_____	Expires	_____