



STANDARD BUSINESS LICENSE APPLICATION

[ ] 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 your business type.
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 2)
(Please read each type before selecting one) [ ] HOME OCCUPATION (Business office/operations located within a Mukilteo residential dwelling) (page 3)

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, address and phone number of all owners or officers of the business, or their registered agent. (Attach separate sheet if necessary.)
Non-Profit organizations must provide copy of Federal (IRS) or State certification.

FULL NAME (including middle)
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 - 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 two persons who can provide site access or can be reached after hours in case of an emergency:

1. Name \_\_\_\_\_ Phone (after hours) ( ) \_\_\_\_\_

2. Name \_\_\_\_\_ Phone (after hours) ( ) \_\_\_\_\_

## SECTION 2 - 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: \_\_\_\_\_

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):

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## SECTION 3 - 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.

**Please use the appropriate City-provided Business License Fee Calculation Worksheet for your business type 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](http://www.ci.mukilteo.wa.us) under Business Licenses.**

For additional information regarding completion of this application or the quarterly payment option, please contact Business Licensing at (425) 263-8035

## 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.

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 # \_\_\_\_\_  Annual  Quarterly Issued \_\_\_\_\_ Expires \_\_\_\_\_