



City of University Place

3715 Bridgeport Way West Suite B-1
University Place, WA 98466-4456
Phone: (253) 566-5656 Fax: (253) 566-5658

BUSINESS LICENSE & HOME OCCUPATION LICENSE APPLICATION

****License fees are due by January 30 of each year and licenses expire on December 31 of the license year****

General Business License Fee: \$50 Home Occupation License Fee: \$25

**COMPLETE ALL SECTIONS IF YOUR BUSINESS IS LOCATED WITHIN CITY LIMITS. FIRST SECTION ONLY IF OUTSIDE CITY LIMITS.
AN INCOMPLETE APPLICATION WILL RESULT IN A DELAY OF LICENSE ISSUANCE.**

<p>Business Name: _____</p> <p>Business Trade Name or DBA: _____</p> <p>State Unified Business I.D. _____</p> <p>Business Mailing Address:</p> <p>_____</p> <p style="text-align: center;">Street Address (or P.O. Box)</p> <p>_____</p> <p>City _____ State _____ Zip Code _____</p> <p>Business Location Address:</p> <p>_____</p> <p style="text-align: center;">Street Address (or P.O. Box)</p> <p>_____</p> <p>City _____ State _____ Zip Code _____</p> <p>Business Location Phone No. _____</p> <p>Business Fax No. _____</p> <p>Business E-mail/Website Address _____</p> <p>Professional License No. _____</p> <p>Number of Employees: Full Time _____ Part Time _____ (Include owner - must be at least one part time employee minimum)</p>	<p>Physical Business Location Within City Limits? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Physical Business Located Within Residence? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Description of Business: (circle one) Contractor Retail Wholesale Services Manufacturing Other _____</p> <p>Type of Business Activity: (Describe) _____</p> <p>Ownership Status: (circle one) Corporation Partnership Sole Proprietorship Limited Liability Non-Profit</p> <p>Business Owner/Legal Entity Information: (or attach list)</p> <p>_____</p> <p>Business Owner Name _____ Title _____</p> <p>_____</p> <p>Address _____</p> <p>_____</p> <p>City _____ State _____ Zip Code _____</p> <p>Does the Business Perform Peddling/Soliciting Activities In the City? Yes _____ No _____ If yes, Peddling/Solicitor License Required</p>
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THIS SECTION TO BE COMPLETED ONLY IF LOCATED WITHIN CITY LIMITS.

*** Certificate of Occupancy, sign and/or building permit, may be required. To inquire, contact the Building Division at (253) 460-5406 ***

<p>Emergency Contact Information:</p> <p>_____</p> <p>Name _____ Phone _____</p> <p>_____</p> <p>Address _____</p> <p>Does Building/Premises have automatic fire sprinkler? Yes _____ No _____</p> <p>If yes, monitored by _____</p> <p>Do you store hazardous or flammable materials? Yes _____ No _____</p> <p>If yes, list type and quantity: _____</p>	<p>Building Premises Information:</p> <p>_____</p> <p>Parcel Number _____ Business Square Footage _____</p> <p>_____</p> <p>Property Owner Name _____</p> <p>_____</p> <p>Property Owner Address _____</p> <p>_____</p> <p>Property Owner Contact Phone _____</p>
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I certify the above information is correct. I understand that any untrue statement is cause for revocation of this application and the subsequent General Business License. I also acknowledge that the information furnished by me becomes public record and is available for public inspection pursuant to City Ordinance No. 20.

Signature: _____ **Printed Name:** _____
Office/Title: _____ **Date Signed:** _____

Office use only - Lic No. _____ Pmt _____ NAICS _____ Open _____ T _____ B _____ Q _____

FOR OFFICIAL USE ONLY

Planning _____ Date _____ Building _____ Date _____ Fire Dept _____ Date _____

Finance _____ Date _____ Code Enf _____ Date _____ CSD _____ Date _____

License No. _____ Date Issued _____ By _____

Payment type: Check No. _____ Cash Credit Card

Date _____ Comments _____
Initial _____

Date _____ Comments _____
Initial _____

Date _____ Comments _____
Initial _____

Date _____ Comments _____
Initial _____

Date _____ Comments _____
Initial _____

Date _____ Comments _____
Initial _____