



CITY OF ORTING

Received Stamp

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www.cityoforting.org

Table with 2 columns: Annual License Fee, Amount. Rows: 1-2 Employees \$40, 3-5 Employees \$55, 6 & over \$75.

BUSINESS LICENSE APPLICATION
LICENSE YEAR: 2010

Please check all boxes that apply:

- Checkboxes for: New Business, Existing Business/New Owner, Change in Business Location, License Renewal, Business location (inside/outside city limits), Home Occupation.

BUSINESS INFORMATION

Form section for Business Information with fields for: Legal Business Name, WA State UBI No, Doing Business As, Federal Tax ID No, Type of Professional License, License #, Expires, Business Mailing Address, City, State, Zip Code, Phone, Fax, Business Location Address, City, State, Zip Code, Phone, Fax.

BUSINESS OWNERSHIP

Form section for Business Ownership with fields for: Emergency Contact / Owner Name, Phone, Mailing Address, City, State, Zip Code, E-mail, Fax.

DESCRIPTION OF BUSINESS

Form section for Description of Business with fields for: Please check all boxes that apply, TYPE OF BUSINESS (Construction, Food Service, Light Industrial, Medical, Personal Services, Professional Services, Real Estate, Retail Sales, Wholesale, Other), Nature of Business, No. of Employees.

(Over)

ADDITIONAL INFORMATION AND REQUIRED SIGNATURE

COMMERCIAL WASTEWATER DISCHARGE:

Utility Account Holder's Name:

Utility Account No. (If Known):

1) Is the wastewater from this business generated from any source except kitchens and bathrooms? [ ] YES [ ] NO

If YES, please specify source: \_\_\_\_\_

2) Will your business dispose of any chemicals, sludge or commercial waste? [ ] YES [ ] NO

If YES, please specify where or to whom: \_\_\_\_\_

HAZARDOUS MATERIALS:

1) Do you handle hazardous materials which are regulated by State Federal Laws or International Fire Codes? [ ] YES [ ] NO

2) Do you have any above or underground storage tanks? [ ] YES [ ] NO

3) Do you use or store any of the following? [ ] YES [ ] NO

Compressed gases, toxic substances, spray painting equipment, welding or chemical processing, pesticides, dry cleaning solutions, open flame

BUILDING/ PLANNING:

1) Is your business activity, or any portion of your building, different than the previous use of this building/space? [ ] YES [ ] NO

2) Are you presently doing or planning to do any of the following:

Construction, remodeling, or installation of commercial storage racks? [ ] YES [ ] NO

Installation of new signage or changes in existing signage? [ ] YES [ ] NO

If you have an active building permit, please list the permit number: \_\_\_\_\_

OTHER DATA:

1) Do you buy and/or sell used goods? [ ] YES [ ] NO

2) Is there gambling activity? [ ] YES [ ] NO If YES, List State License No. \_\_\_\_\_

3) Is there a charge for admission? [ ] YES [ ] NO

4) Is liquor served? [ ] YES [ ] NO If YES, List State License No. \_\_\_\_\_

5) Is there dancing or live entertainment? [ ] YES [ ] NO

6) Is there music? [ ] YES [ ] NO

A SIGNATURE IS REQUIRED IN ORDER TO PROCESS THE APPLICATION

As applicant, I certify or declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. I understand that any misrepresentation or omission on this application will result in revocation of this Business License.

Signed by: \_\_\_\_\_ Date: \_\_\_\_\_

Title/Office: \_\_\_\_\_

Applications must be completed in full and returned with the applicable non-refundable application fee.

Incomplete applications will not be processed. A new license is required if a business changes location or ownership. Please notify the City of Orting if the business closes. The City's acceptance of your application and fee does not constitute approval or authorization to conduct business. Other permits and/or licenses may be required.