



CITY OF ORTING

|               |
|---------------|
| Received Date |
|---------------|

110 TRAIN ST. SE, PO BOX 489, ORTING WA 98360  
 Phone: (360)893-2219 • FAX: (360)893-6809  
[www.cityoforting.org](http://www.cityoforting.org)

|   |      |
|---|------|
| <b>License Fee</b> -Based on total # of employees, managers & owners within the company |      |
| 1 – 2   | \$40 |
| 3 – 5   | \$55 |
| 6 & over  | \$75 |
| One Day Only  | \$25 |

## BUSINESS LICENSE APPLICATION

# LICENSE YEAR: 2016

**Please check all boxes that apply:**

- New Business   
  Existing Business/New Owner   
  Change in Business Location   
  License Renewal  
 One Day License (complete first page and sign back only) Requested Date: \_\_\_\_\_  
 Business is located inside city limits   
  Business is located outside city limits   
  Home Occupation

### BUSINESS INFORMATION

|                          |  |                           |
|--------------------------|--|---------------------------|
| Legal Business Name:     |  | WA State UBI #:           |
| Doing Business As:       |  | Federal Tax ID #:         |
| Professional Lic #:      | Exp:                                     | Type of Professional Lic: |
| <i>Mailing Address:</i>  |  |                           |
| City:                    | State:                                   | Zip Code:                 |
| Phone: (    )            |  | Fax: (    )               |
| <i>Physical Address:</i> |  |                           |
| City:                    | State:                                   | Zip Code:                 |
| Phone: (    )            |  | Fax: (    )               |
| Contact / Owner Name:    |  | Phone: (    )             |
| E-mail:                  | Total # of Employees, Managers & Owners: |                           |

### DESCRIPTION OF BUSINESS

Type of business: Please circle all that apply

- Construction    Food Service    Light Industrial    Medical    Personal Services    Professional Services  
 Real Estate    Retail Sales/Wholesale    Other: \_\_\_\_\_

|                          |
|--------------------------|
| Nature of your business: |
|--------------------------|

See other side

## ADDITIONAL INFORMATION AND REQUIRED SIGNATURE

### **COMMERCIAL WASTEWATER DISCHARGE:**

Utility Account Holder's Name: \_\_\_\_\_ Utility Account #: \_\_\_\_\_

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 that are regulated by State, Federal or International Fire Codes?

YES NO If Yes describe: \_\_\_\_\_

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 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 INFORMATION:**

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

2) Is there gambling activity? YES NO If YES, List State License # \_\_\_\_\_

3) Is there a charge for admission? YES NO

4) Is liquor served? YES NO If YES, List State License \_\_\_\_\_

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: \_\_\_\_\_

Print Name and Title: \_\_\_\_\_

***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.***