

FOR OFFICE USE ONLY	
CUSTOMER Number _____	
OBL. NR. _____	AMT. _____
OBL. NR. _____	AMT. _____
OBL. NR. _____	AMT. _____

APPLICATION FOR BUSINESS LICENSE Annual Fee \$90.00

*The license is for the calendar year, January through December. For a business that opens July 1 or thereafter, the half-year fee is \$45.00**

The half-year fee does NOT apply to any years prior to 1998. The Seattle business license expires December 31.

**If worldwide annual gross income and/or value of products is estimated as \$20,000 or less, the license fee is \$45.00 (\$22.50 for half-year fee).*

PLEASE PRINT OR TYPE - COMPLETE BOTH SIDES OF THE APPLICATION

Your business will be assigned a City of Seattle CUSTOMER NUMBER. Refer to the Customer Number in any future correspondence relating to your license. Let us know if you previously had a Seattle business license. The account will be deemed a reinstatement ONLY if it has been closed for at least 12 months.

Please provide the information in the first section if it is available. The ID numbers are not required to obtain a City of Seattle business license.

State of Washington UBI # _____ FEIN _____

State of Washington Contractor # _____ City of Seattle Vendor ID # (if applicable) _____

Internet Address (if applicable) _____

S.I.C. Code _____	(office use only)
N.A.I.C.S. Code _____	(office use only)

Have you previously had a Seattle Business License? YES NO

PLEASE COMPLETE ALL SECTIONS BELOW and the REVERSE SIDE OF THIS FORM PROVIDING the BUSINESS INFORMATION

TYPE OF BUSINESS (Check ONE) Sole Proprietor Corporation Partnership LLC Other _____

Is the business a non-profit organization? Yes No (Non-profit organizations are required to be licensed and file tax returns as all other businesses.)

LEGAL NAME OF BUSINESS ENTITY _____
 (If a sole proprietorship, please list your legal name, last name first, and include any middle initial.)

TRADE NAME or dba (doing business as) _____

WHAT IS THE **STARTING DATE OF BUSINESS IN SEATTLE?** Month _____ Day _____ Year _____

If the business was operating in Seattle before the current year, prior years' license fees, taxes, penalties and interest may be due.

Zoning Limitations - A business license does not authorize the holder to conduct business in violation of any zoning ordinance.

The location of your business should be indicated below. You must list a physical address (a post office box or mail drop is not considered a physical address).

PHYSICAL BUSINESS LOCATION: _____

ADDRESS	CITY	STATE	ZIP
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IS THIS LOCATION BEING **ADDED AS A BRANCH ONLY TO AN EXISTING LICENSE?** YES NO

Mailing address for LICENSE & RENEWAL _____
 SAME AS ABOVE ADDRESS CITY STATE ZIP

Mailing address for TAX FORMS _____
 SAME AS ABOVE ADDRESS CITY STATE ZIP

BUSINESS PHONE: _____ - _____ CELLULAR PHONE _____ - _____ FAX _____ - _____

LIST OTHER BUSINESS LOCATIONS IN SEATTLE - Each BRANCH LICENSE FEE is \$10.00 per year (attach a separate sheet, if needed).

TRADE NAME	ADDRESS	SEATTLE ZIP CODE	TELEPHONE	"Separate" tax reporting status?
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

_____ Yes No

PLEASE COMPLETE THE BACK SIDE OF THE APPLICATION - ALL INFORMATION AND A SIGNATURE IS REQUIRED TO PROCESS



NATURE OF BUSINESS: Check all that apply and provide detail below. THIS INFORMATION should be as detailed as possible.

- Manufacturing-Extracting, Printing & Publishing, Tour Operator, Wholesale, Retail, Service, Transportation, Other, Utility Services, Charging Admission for Events/Shows, Gambling Activity

DOES YOUR BUSINESS OWN OR OPERATE PRICE SCANNING EQUIPMENT? YES NO

DESCRIBE IN DETAIL THE PRINCIPAL PRODUCT(S) OR SERVICE(S) RENDERED:

NOTE: Additional licenses or endorsements may be required depending on the business activity - please see instruction sheet under regulatory licenses.

NAME(S) OF SOLE PROPRIETOR, PARTNERS, CORPORATE OFFICERS, AND RESIDENT AGENTS: List true name(s), residence address, telephone number and date of birth of the sole proprietor or all partners or corporate officers/directors and their titles

Table with 5 columns: NAME AND TITLE, RESIDENCE ADDRESS, CITY, STATE, ZIP, TELEPHONE, DATE OF BIRTH

TAX REPORTING STATUS - Seattle BUSINESS LICENSE TAX FORMS must be filed by every business, EVEN IF NO TAX IS DUE.

Based on the taxable revenue for your business as described below, please check one of the following reporting frequencies:

- QUARTERLY - Estimated ANNUAL taxable revenue will exceed the threshold per year for entire entity - main location and branches. ANNUAL - Estimated ANNUAL taxable revenue will be less than the threshold per year for entire entity.

A Business granted ANNUAL reporting status by Revenue and Consumer Affairs must file a combined tax return if there is more than one location.

Tax forms are mailed to the last known address - failure to receive the form does not preclude the requirements to file timely.

- YES My annual worldwide gross income and/or value of products will be \$20,000 or less. Should my gross income and/or value of products be greater than \$20,000, I understand I will be responsible for additional license fees.

IF YOU PURCHASED THIS BUSINESS, DID YOU TAKE OVER THE ENTIRE BUSINESS ONLY A PORTION

FORMER OWNER'S NAME CURRENT ADDRESS CITY, STATE, ZIP TELEPHONE CUSTOMER NUMBER

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. All information given is subject to verification with State of Washington, Department of Revenue.

SIGNATURE DATE

PLEASE PRINT your NAME TITLE

Table with 2 main sections: FEES DUE - MAKE CHECK PAYABLE TO CITY OF SEATTLE (Business License Fee, Additional Seattle Locations, TOTAL DUE) and FOR OFFICE USE ONLY (Processed by, Tax Forms Mailed, Enforcement, License # Issued)