



City tax code No. 0604
Transportation Benefit
District tax code No. 0664

Application for Business License

Instructions:

- Please **print** or **type**
- **New Business Licenses** must be approved by Community Development prior to issuance
- Application must be signed
- Please answer **all** questions or indicate question does not apply
- If the form is not fully completed, a delay in processing the application can occur

1. Name of Business: _____
 DBA (if applicable): _____
 Business Phone: _____
 Business Address: _____
 City/State/Zip: _____
 Mailing Address:(If different from Business Address) _____
 City/State/Zip: _____
 Website address: _____

2. Is this a non-profit organization?
 ___ Yes If Yes - IRS # _____
 ___ No

3 List name of all Owner(s), Partners or Officers: (If Additional, use attachment)

	(1)	(2)
Full Legal Name	_____	_____
Address:	_____	_____
City/State/Zip:	_____	_____
Home Phone #:	_____	_____
Alt. Phone #:	_____	_____
Dr. Lic. #: & State:	_____	_____
Date of Birth:	_____	_____
Email address:	_____	_____

4. Contact Information:

Name: _____
 Address: _____
 City/State/Zip: _____
 Home Phone #: _____
 Alt. Phone #: _____
 Email Address: _____

5. Number of employees: _____ Please estimate FTE*: _____

* FTE-Full Time Equivalentents are the combination of one or more employees whose work hours equal that of a full-time position, normally 40 hours a week.

6. Type of Business:

- Business/Professional Office
- Contractor
- Manufacturing
- Medical/Dental
- Wholesale
- Restaurant
- Retail
- Services (Please Specify) _____

7. Describe the type of business activity that will be occurring at this location:

8. Hours of operation and days of the week: _____

9. Property Owner(s)/Leasing Agent:

Name: _____

Address: _____

City/State/Zip: _____

Phone #: _____

10. Is this a location change or an addition for this business?

Yes If yes, please indicate prior location: _____

No Complete Address: _____

11. Is this the same type of business as the previous business that occupied this location?

Yes

No

Name of previous business: _____

Type of previous business: _____

12. Approximate square footage of your business: _____

13. Will this business be sharing a location with another business or residence?

Yes If yes, name of other business: _____

No

14. Washington State department of Revenue Tax Number (UBI) _____

15. Is the business location within the Transportation Benefit District? Yes No

I certify the above information is correct:

_____ <i>Applicant's Signature</i>	_____ <i>Print Name</i>
_____ <i>Title</i>	_____ <i>Date</i>

Community Development Department

Application Approved: _____ *Date* _____

Business License Fee: \$50.00

Return the application to Community Development, Attn: Business License Application Processing, PO Box 608, Ridgefield, WA 98642. You will be notified prior to issuance to remit the license fee.

Business Licenses are valid from January 1 through December 31 and must be renewed annually.

Application must have the name and nature of the business, business addresses, business owner information, emergency notification name and address, the type of business, and the number of employees filled in. No license will be issued if this information is not present. This application is subject to RCW Chapter 42.56 regarding disclosure of public documents.

Office Use Only

Business License # _____

License Fee \$50.00 ____

Issued By: _____

Date Paid: _____

Transportation Benefit District: Yes No

Notified of sales tax code: _____