



City of Tukwila

6200 Southcenter Boulevard
Tukwila, WA 98188-2544
206-431-3680/licensing@tukwilawa.gov
FAX: 206-433-1833

2017 Business License Application

**FILL OUT THIS FORM IN ITS ENTIRETY
INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED**

This is an **APPLICATION ONLY**, not a license to conduct business.
You must obtain a business license **PRIOR** to conducting business. **ALL LICENSES EXPIRE DECEMBER 31**

Business License: New Renewal Name Change Address Change Usage Change UBI # Change

Business Information

Business Name (Legal)			Mailing Address (if different than business address)		
DBA (Doing Business As)			Address		Suite #
Business Address		Suite #	City	ST	ZIP
City	ST	ZIP	Corporate Email		Corporate Phone #
Email (to receive renewal information)		Bus Phone #	Ownership Status <input type="checkbox"/> Individual/ Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Non-Profit 501C3 <input type="checkbox"/> Governmer <input type="checkbox"/> LLC		
Prior City Bus License #	Last known USAGE of location:	Opening Date?	WA STATE Contractor's License #	WA STATE UBI # REQUIRED	

Business Description: (List activities, services and products in detail. What exactly do you do?)

In Your Business:		Yes	No		Yes	No
Will retail sales be conducted?	<input type="checkbox"/>	<input type="checkbox"/>		Any gambling on premises?	<input type="checkbox"/>	<input type="checkbox"/>
Outside Contractor, not located in Tukwila?	<input type="checkbox"/>	<input type="checkbox"/>		Will admission fees be charged?	<input type="checkbox"/>	<input type="checkbox"/>
Will marijuana be used/sold on premises?	<input type="checkbox"/>	<input type="checkbox"/>		Do you collect parking fees?	<input type="checkbox"/>	<input type="checkbox"/>
Is your home used as your business address?	<input type="checkbox"/>	<input type="checkbox"/>		If yes, please complete Home Occupation Affidavit.		
Will alcohol be served/sold on premises?	<input type="checkbox"/>	<input type="checkbox"/>		If yes, have you applied for a liquor license?		
Sign Installer/Manufacturer?	<input type="checkbox"/>	<input type="checkbox"/>		If yes, please complete Sign Affidavit acknowledging Title 19 Sign Code.		
Will you do door to door sales/peddling?	<input type="checkbox"/>	<input type="checkbox"/>		If yes, please complete a Peddler's License application.		
Any amusement devices on premises?	<input type="checkbox"/>	<input type="checkbox"/>		If yes, please complete Amusement Device application.		
Do you drive a Taxi/Limosine/Comm Vehicle?	<input type="checkbox"/>	<input type="checkbox"/>		How many do you have? _____ What length(s) _____		
Are you operating a business on the property of another business? Ex: Food Truck, Coffee Stand, other	<input type="checkbox"/>	<input type="checkbox"/>		Where are they parked? _____		
				If yes, you need to provide a letter of permission from the property owner and a map/diagram as to where you will be situated on the property.		

Hazardous Materials

Do you use/store/discharge flammable, hazardous, or bio-hazardous materials? Yes ___ No ___ If yes, attach list of Type AND Quantity.

Planning & Building Information

Is your business activity or any portions of your building/space different than the previous use? Yes ___ No ___ (If yes, please attach list and describe.)

Are you presently doing or planning to do any: Construction, Remodeling, and/or Installation of Commercial Storage Racks? Yes ___ No ___

Are there any permits proposed, existing or any past expired permits within the last (5) years? Yes ___ No ___

Contact the Permitting Center 206-431-3670, PRIOR TO STARTING ANY Remodeling/Construction or installation of Storage Racks.

List all Owners/Partners/Officers (please attach separate sheet if needed)

Name 1:	Title:	Driver's License # REQ	Issuing State
Home Address	City, ST & ZIP	Phone: Work / Cell / Home	Date of Birth REQ
Name 2:	Title:	Driver's License # REQ	Issuing State
Home Address	City, ST & ZIP	Phone: Work / Cell / Home	Date of Birth REQ

Business License Fee

Licenses are valid JANUARY 1 through DECEMBER 31 (Licenses are not pro-rated and expire December 31.)

Number of Owners: F/T _____ P/T _____
Number of Managers: F/T _____ P/T _____
Number of Employees: F/T _____ P/T _____ (includes family members who work at the business)
Total: F/T _____ P/T _____

A. _____ **Total Number of hours worked in a 12 month period**

(Determine the hours worked by ALL employees – full & part-time, managers and owners.)

- One Full-Time Equivalent (FTE) Employee = 1,920 hours (per WA State Dept. of Labor & Industries)
- New businesses need to estimate number of hours to be worked for 1 month, then multiply by 12.
- If business is located outside Tukwila, report only those hours worked in Tukwila.
- Minimum working hours at Southcenter Mall is 3,848 annual hours, not including special event hours.

B. _____ **Multiply line "A" by \$0.034896** (If less than \$67, pay \$67 minimum)

C. _____ **Business License Fee**, enter amount from line "B"

D. _____ **Penalty - if business is already in operation.**

- **IF ALREADY IN OPERATION**, you must pay an additional 5% per month, up to a maximum of 25% of the license fee per TMC 5.04.050 Late Acquisition. If operating in previous year as well, you must pay the license fee for that year also. Please contact us if you have questions. 206-431-3680.

E. _____ **TOTAL DUE**

Please make checks payable to "City of Tukwila" (All Fees Paid are Non-Refundable)

EXEMPTION: Any organization that files for a non-profit exemption will be required to submit to the City a copy of its current IRS 501(c)3 determination letter issued by the Internal Revenue Service to be exempt from the business license fee.

I certify the information contained herein is correct. I understand that any untrue statement is cause for revocation of my license.

Print Name	Title/Position	Email Address
Signature	Contact Phone Number	

Business License Fee Information

1. The license fee is a combination of the business license fee and the revenue generating regulatory license (RGRL) fee. The license fee is based on the number of employee hours on the four quarterly reports submitted to the Washington State Department of Labor and Industries (L&I) from the previous year. The work figure used by L&I is 1,920 hours per year for a full-time employee. In addition to the annual employee hours reported on the L&I report, you must include employee hours for sole proprietors, owners, managers, partners and any officers, agents or personal representatives acting in a fiduciary capacity. It is the responsibility of the employer to determine the number of hours worked within the city. Enter the number of employee hours worked on Line "A". Multiply (Line "A") the total number of employee hours worked in Tukwila by \$.034896 to determine the total amount due (Line "B"). The minimum fee for any license is \$67.00, which covers 1,920 hours worked in Tukwila. If the amount calculated is less than \$67.00 enter \$67.00 on Line 3. If the amount calculated is greater than \$67.00, enter the greater amount on Line "C". Employers without a full year history would need to estimate the number of employee hours that will be worked in the 12 month period.
2. **New Businesses** – The business license fee for a business that did not submit reports for each of the last 4 quarters to L&I shall be based on the estimated number of employees of that business. The business shall provide its estimate of the average number of employee hours worked in a 12 month period. If the City determines the number of FTE employees was under-reported at the time of application or renewal by an error factor of more than 15%, the business shall pay the balance of the applicable license fee together with a penalty of 20% of such balance due. The business shall also reimburse the City for any accounting, legal, or administrative expenses incurred by the City in determining the under-reporting or in collecting the additional amounts. Any person who submits a license fee payment by check to the City pursuant to the provisions of this chapter shall be assessed an NSF fee set by the Finance Director if the check is returned unpaid by a bank or other financial institution for insufficient funds in the account or for any other reason.
3. **Outside Contractors or Consultants** - Only report those hours worked in Tukwila for the current year, January – December.

CITY OF TUKWILA USE ONLY

Processed by: _____ Customer #: _____ Activity #: _____