



City of Tukwila

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

2018 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?) **REQUIRED**

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'a 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:	Phone: Work / Cell / Home			
Home Address	City	ST	ZIP		
Name 2:	Title:	Phone: Work / Cell / Home			
Home Address	City	ST	ZIP		

Business License Fee

Licenses are valid **JANUARY 1 - DECEMBER 31**, (Licenses are not pro-rated and expire 12/31.)

	Full-Time (How many?)	Part-Time (How many?)
Owners:	_____	_____
Managers:	_____	_____
Employees:	_____	_____
Temporary Workers:	_____	_____
Family Members:	_____	_____
Total:	_____	_____
	x \$70	x \$35

Full-Time: 30+ hours per week
Part-Time: 0-29 hours per week

Employee: Any person employed who performs any of their duties within the City of Tukwila; and any person on the business's payroll; and includes full-time, part-time, temporary employees or workers; and owners, managers and partners; and any other person who performs work, services or labor at the business including, but not limited to family members, regardless of whether they receive a wage from the business.

_____ + _____ = **A. \$** _____
Business License Fee

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 Services to be exempt from the business license fee.

Currently Operating Without a Business License?

Prior Year Fee (if in operation the year before): **B. \$** _____

PENALTY

IF ALREADY IN OPERATION, you must pay an additional 5% per month from the date you opened, up to a maximum of 25% of the license 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. 206-433-1835, ext. 2.

Penalty Amount:

C. \$ _____

D. \$ _____

Total Amount Due

Please make checks payable to "City of Tukwila"

All Fees Paid are Non-Refundable

Certification

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

Print Name	Title/Position	Email Address
Signature		Contact Phone Number (w/extension)

How to submit your Business License Application

- Email PDF copy to licensing@tukwilawa.gov **Incomplete applications cannot be processed.**
- Fax to 206-433-1833
Once account is set up, you will receive a call for a **Visa** or **MasterCard** payment.
- In person or Mail to City of Tukwila, Finance Dept. - 6200 Southcenter Blvd, Tukwila, WA 98188

Cashiering Hours: Mon, Tue, Wed, Fri :8:30-4:00pm
 Thu: 10:30-4:00

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