



City of Tukwila

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

2019 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"/> Government <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) _____ Where are they parked? _____		
Are you operating a business on the property of another business? Ex: Food Truck, Coffee Stand, other	<input type="checkbox"/>	<input type="checkbox"/>		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.)

Business License Fee: The fee is based on number of "Employees". (See below definition.)

- \$91 each - F/T (those working 30+ Hrs./Week)
- \$45 each - P/T (those working 0-29 Hrs./Week)

"Employee" means and includes:

1. Any person who is on the business's payroll and includes all full-time, part-time, temporary employees and workers.
2. Self-Employed person, sole proprietors, owners, officer, managers and partners.
3. Any other person who performs work, services or labor for the business.

	Full-Time (30+ Hrs/Wk.)	Part-Time (0-29 Hrs/Wk.)	
Owners/Officers/Partners:	_____	_____	
Managers:	_____	_____	
Employees:	_____	_____	
Temporary Workers:	_____	_____	
Other Workers:	_____	_____	
Total:	_____	_____	
	x \$91	x \$45	
	_____	_____	= 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

Penalty Amount: **C. \$** _____

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.

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 #: _____