



State of Washington
 Business Licensing Service
 PO Box 9034
 Olympia WA 98507-9034
 1-800-451-7985
 business.wa.gov/BLS

UBI
Owner name

City Addendum

To complete this form see cities' requirements at bls.dor.wa.gov/citycounty.aspx and City Addendum Instructions. Complete a separate Business License Application and City Addendum form for each physical business location.

For faster service - Apply online

A All city license applicants must complete this section.

- Are you registered with the Washington Secretary of State as a nonprofit corporation? Yes No
- Is your organization tax exempt under IRS code 501(c)(3),(4), or (5)? Yes No
If yes, attach a copy of your IRS tax exemption certificate.
- Are you a general or specialty contractor? Yes No
If yes, provide the Dept. of Labor & Industries Contractor Registration license number (if known): _____
- If you hold a WA State professional/occupational license indicate the license type and number.

Type (day care, cosmetology, real estate, etc.)	Number (if known)
---	-------------------

- Do you provide utility service (telephone/cellular/ISP, cable, gas, electric, garbage)? Yes No

B Complete this section if your business is physically located inside city limits.

- Indicate the city where your business is physically located and the associated fee amount:

For variable fee cities, see appropriate city "Requirements and Fee Calculation" document for more information.

City name	License fee amount \$
Number of employees (at this location)	Total employee fees (if applicable) \$
Number of rental units (if applicable)	Total rental unit fees (if applicable) \$

- First date of business in this city: _____
- Do you qualify for a fee exemption from this city's business license? Yes No
- Do you qualify for this city's small business threshold? Yes No
- Estimated gross annual income for this location _____
- Have you held a business license in this city? Yes No Prior city license #(if known) _____
- Check any of the following that can be found at this business location:
 - Automatic smoke detection system or fire sprinkler system installed
 - Any compressed gases (oxygen, helium, acetylene, propane, nitrous oxide, etc.)
 - Discharges to the sewer from the business or business processes other than domestic sanitary discharges
 - Any flammable/hazardous/toxic materials (gasoline, oil, cleaning solvents, pesticides, etc.)
Average gallons or pounds kept on premises: _____
 - Floor drains other than in restroom/shower facilities
 - None of the above

B Section B continued

8. Is the physical address of the business in a residence?..... Yes No
 If yes, how many customers will be visiting the residence per week? _____
 Some cities have special home occupation regulations, please contact the city for more information.

9. Square feet of floor space used by your business at this location: _____

10. Will you be making any exterior or interior modifications, including signs, to the proposed business location? Yes No

11. Give the name and phone number of two after-hours Emergency Contact persons for this business location:

Name (Last, First, Middle)	Phone number ()
Name (Last, First Middle)	Phone number ()

12. Do you have emergency alarm monitoring service?..... Yes No
 If yes, provide the following information:

Monitoring Company	Company Contact	Contact phone number ()
--------------------	-----------------	----------------------------------

13. Mark any of the following activities that will be conducted at or from this business location:

- | | | |
|--|---|--|
| <input type="checkbox"/> Adult Entertainment | <input type="checkbox"/> Dispensing | <input type="checkbox"/> Repairing |
| <input type="checkbox"/> Ambulance Service/Dispatch | <input type="checkbox"/> Gambling | <input type="checkbox"/> Retail/Wholesale Sales |
| <input type="checkbox"/> Amusement Devices/Arcades | <input type="checkbox"/> Health Care/Medical | <input type="checkbox"/> Serve Liquor |
| <input type="checkbox"/> Buy/Sell Used Goods | <input type="checkbox"/> Manufacturing, Assembling, Producing,
Packaging | <input type="checkbox"/> Sexually Oriented
Business |
| <input type="checkbox"/> Care Provider for Adults or Children | <input type="checkbox"/> Painting | <input type="checkbox"/> Storing/Warehousing |
| <input type="checkbox"/> Charging Admission | <input type="checkbox"/> Recycling | <input type="checkbox"/> Taxi or For Hire Service/
Dispatch |
| <input type="checkbox"/> Civic, Social, Religious Gathering
with food/drink consumption,
transportation, entertainment, etc. | | |

C Complete this section with information specific to each city where you will travel to do business.

1. City	2. Fee exempt? Yes/No or N/A	3. First date of business	4. Gross income	5. Number of employees	6. Employee fee	7. City license fee total
			\$		\$	\$
			\$		\$	\$
			\$		\$	\$
			\$		\$	\$
			\$		\$	\$
			\$		\$	\$
			\$		\$	\$
			\$		\$	\$
			\$		\$	\$
			\$		\$	\$
			\$		\$	\$



State of Washington
Business Licensing Service
PO Box 9034
Olympia WA 98507-9034
1-800-451-7985
business.wa.gov/BLS

City Addendum Instructions

For faster service - Apply online

Instructions:

Use this addendum form to apply for the city business licenses available only through the Business Licensing Service (bls.dor.wa.gov/citycounty.aspx). Complete a separate Business License Application and City Addendum form for each of your physical business locations.

Contact directly any cities not licensed through the Business Licensing Service for their licensing requirements, as they are not yet part of the combined licensing process.

1. All applicants must complete Section A of this addendum form.
2. Complete Section B of this addendum to apply for the city business license endorsement for the city where your business is physically located inside city limits (resident business).
 - a. In Section 2 of the Business License Application form, write the name of the city you entered in Section B of this addendum and that city's license fee amount.
3. Complete Section C of the addendum to apply for license endorsements with other cities where you have no permanent physical location, but that you will travel into to conduct business (non-resident business).

For each city in which you will operate as a non-resident business, provide the following information:

Column 1, write the name of the city.

Column 2, if the city provides a no-fee license, indicate if you qualify for it, 'Yes' or 'No'. If there is no fee-exempt license in that city you may enter 'n/a'.

Column 3, provide the date you started or will start conducting business in that city.

Column 4, provide the gross annual income you estimate to receive, only from business conducted in that city.

Column 5, provide the number of employees you will have working inside that city's limits.

Column 6, if the city charges a fee based on the number of employees, enter the per-employee fee. If the city charges a base fee in addition to other fee calculation include it in the total amount entered in column 7. If the city does not charge fees by employee leave this column blank.

Column 7, if you entered a per-employee fee in column 6, multiply that amount by the number of employees listed in column 5 and enter the result in this column 7. If the city does not charge fees per-employee, enter the fee amount for the city license.

In Section 2 of the Business License Application form, write the city name you entered in column 1, and the fee for that city you entered in column 7.

Please Note:

City license endorsements must be approved by the city before business may begin in that city, in accordance with the city's Land Use, Building and Fire codes and ordinances. Contact each city directly for more information.