



BUSINESS LICENSE APPLICATION

<p>Business Name: _____</p> <p>Business Location: _____ (No PO Box)</p> <p style="text-align: center;">City State Zip</p> <p>Mailing Address: _____ (If different)</p> <p style="text-align: center;">City State Zip</p> <p>Bus. Phone: () _____ Bus. Fax: () _____</p> <p>Email Address: _____</p> <p>WA State UBI No.: _____ NAICS No.: _____</p> <p>Contractor's Lic No.: _____</p> <p>License Type _____ Exp. Date _____</p> <p>Ownership: <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> PLLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Trust</p>	<p style="text-align: center;">Please Check One:</p> <p><input type="checkbox"/> New Application</p> <p><input type="checkbox"/> Change of Owner (additional fee required)</p> <p><input type="checkbox"/> Change of Location (additional fee required)</p> <p><input type="checkbox"/> Change of Business Name</p> <hr/> <p style="text-align: center;">Open/Start Date in Bothell:</p> <p>_____</p> <hr/> <p style="text-align: center;">Description of Business (Required):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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ENTER BELOW NAMES OF OWNERS, PARTNERS, OR CORPORATE OFFICERS - Attach additional pages if necessary

<p>Owner Name: _____</p> <p>Home Address: _____</p> <p>Phone: _____</p> <p>Driver's License No.: _____</p> <p>Alternate ID (State, Active Military or Passport): _____ (Photocopy of ID required)</p>	<p>Title: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Email: _____</p> <p>State Issued: _____ Date of Birth: _____</p>
<p>Owner Name: _____</p> <p>Home Address: _____</p> <p>Phone: _____</p> <p>Driver's License No.: _____</p> <p>Alternate ID (State, Active Military or Passport): _____ (Photocopy of ID required)</p>	<p>Title: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Email: _____</p> <p>State Issued: _____ Date of Birth: _____</p>

Business Location:

King Co. (in City) Sno Co. (in City) Out-of-City (Contractor)

No. of Employees (full-time equivalent, including owner): _____

Business Square Footage: _____
(In-City businesses only, excluding home occupations)

Special Classifications:

Home Occupation Business Family Daycare Home

Pawnbroker* Secondhand Dealer*

Public/Teen Dance

Non-profit – Provide copy of non-profit ID and ID # _____

Amusement Game Device* – How many: _____

***Requires Special Application – contact Community Development at (425) 806.6400**

CALCULATE LICENSE FEE DUE BELOW
See Fee Schedule for Business Categories and Fees

Category A - Employee Fee \$ _____

Category B - Business Type Fee \$ _____

Category C - Square Footage Fee \$ _____

Special Classification Fee \$ _____

Change Owner and/or Location Fee \$ _____

Other Fees (specify) \$ _____

TOTAL AMOUNT DUE \$ _____

Return completed application to above address with a check made payable to the City of Bothell. If paying by credit card, complete portion below:

VISA MasterCard Card No: _____ Exp. Date: _____

Cardholder's Signature: _____

EMERGENCY CONTACT OR ALARM COMPANY

Business Name: _____ **Contact Person:** _____ **Phone:** _____
Address: _____ **Cell Phone:** _____
City: _____ **State:** _____ **Zip:** _____

Attestation and Declaration

I/We hereby attest that I/we have not been convicted of a crime which related directly to the business for which this license is sought, suffered a civil judgment based upon fraud, misrepresentation, violation of the Washington Consumer Protection Act or similar State or Federal statutes, or any other judgment, cease and desist order or consent decree relating to business activities.

I/We the undersigned, declare under the penalties of perjury and the denial of a license or revocation of any license granted, that I/we am/are the applicant or authorized representative (s) of the business making this application and that the answers contained, including any accompanying information, have been examined by me/us and that the information set forth is true, correct and complete. I/we understand the place of business must comply with all Federal, State and local codes and ordinances.

Signature of Applicant (s): _____ **Date:** _____

_____ **Date:** _____

Application Prepared By: _____ **Date:** _____

For City Use Only

Business License No.: _____ **Expiration Date:** _____
License Fee: \$ _____ **Total Amt Paid: \$** _____
Date Paid _____ **Cash** / **Check** / **Credit** **Receipt No.:** _____
Business Type Code: _____ **County:** _____

City Approvals

	Sign	Date
Code Compliance	_____	_____
Zoning	_____	_____
Fire	_____	_____
Police	_____	_____

The City's acceptance of your application and fee does not constitute approval or authorization to conduct business. An incomplete application may delay the processing of your license. Be sure to review your application for accuracy and completeness prior to submittal. Please print or type clearly.

Return the completed application with appropriate fee to:

New Business Licenses
City of Bothell Community Development
18415 101st Ave NE
Bothell, WA 98011

If you have questions regarding business licensing, please contact:

Community Development
Phone: 425.806.6100
Email: BusinessLicenses@bothellwa.gov

2019 Business License Fee Schedule

Contractors Please Note:

In-City Contractors: Pay the appropriate fees from Categories A, B, and C.

Out-of-City Contractors: Pay fees from Category A and B only.

Locate the Appropriate Fees From Each of the Following Categories and Enter on Application Form

CATEGORY A – Number of Employees				
*Business owner counts as one employee.	Number of Employees	License Fee	Number of Employees	License Fee
	0-2	\$31.00	51-75	\$540.00
	3-10	\$80.00	76-100	\$721.00
	11-25	\$167.00	101+	\$721.00 + \$13.00 for each employee over 100
	26-50	\$359.00		
CATEGORY B – Type of Business				
Code	Business Type	Description		Fee
100	Public Assembly	Public recreation, funeral homes, clubs, restaurants, food service, and theater.		\$78.00
150	Non-Profit Organization	An enterprise, without private profit for a public, charitable, educational, literary, or fraternal purpose, when its not-for-profit status is demonstrated through Internal Revenue Service Documentation.		No fees, registration required
200	Educational Use	Various types of training schools.		\$78.00
300	Institutional Use	Health care facilities of various types. Adult daycare centers and adult family homes.		\$78.00
400	Residential	Business where primary use is residential. Includes hotels, motels, and lodging houses. For home offices, see "Store, Office" below.		\$59.00
401	Apartments	All apartments are included.		\$300.00
*500	Store, Office	Business involved in the sale, service, or maintenance of products.		\$41.00
501	Contractors – in-City	Contractors who maintain a home office within the City limits, but do not have employees working at that home office location.		\$41.00
502	Contractors – out of City	Contractors based outside the City limit. (Pay fees from Category A based on # of employees working in City of Bothell)		\$41.00
503	Gross Proceeds Less Than \$1,000 Per Month	Business whose gross monthly proceeds are less than \$1,000.		No fees, registration required
506	Home Occupation Business	Home-based business where the primary use of the dwelling is residential. Maximum of 2 workers, one of whom must reside in that home.		\$41.00
507	Family Daycare Home	State-licensed daycare provider who regularly provides daycare for not more than 12 children in the provider's home in the family living quarters.		\$21.00 fee from Category B only.
600	Basic Industry, Utility	Research/laboratory, military/defense, communications.		\$96.00
700	Manufacturing Use	Manufacturing/assembling of goods.		\$96.00
800	Storage Use	All types, except hazardous waste.		\$78.00
CATEGORY C – Square Footage				
	Square Footage	License Fee	Square Footage	License Fee
	Less than 3,000	\$0	17,001 to 20,000	\$2,260.00
	3,001 to 5,000	\$61.00	20,001 to 50,000	\$2,727.00
	5,001 to 10,000	\$94.00	Greater than 50,000	\$4,738.00
	10,001 to 15,000	\$1,464.00	Greater than 50,000	\$3,159.00 (Apartments only)
	15,001 to 17,000	\$2,014.00		
SPECIAL CLASSIFICATIONS				
508	Amusement Game Device	Amusement game device located within a store, office, public assembly business, etc.		\$51.00 per game device
509	Secondhand Dealer	Resale of used goods.		\$51.00
510	Public/Teen Dance	Any dance that is open to the public and which is conducted for a profit, either direct or indirect; or that requires a monetary payment or contribution from the persons admitted.		\$549.00
511	Pawnbroker	Receives goods, wares, or merchandise for repayment of security of any money loaned; or loans money on deposit of personal property; or publicly displays sign indicating money to loan on personal property on deposits or pledge.		\$186.00
OTHER FEES				
Change of Business Location		\$31.00	Change of Business Owner	
			\$31.00	Duplicate License
				\$10.00

*Ground floor storefronts on Main Street west of 102nd Ave NE and along the Bothell-Everett Highway from SR 522 to one-half block north of NE 185th Street must be pedestrian oriented retail, as defined in the Downtown Subarea Plan and Regulations.

Updated 1/19

EMERGENCY CONTACT INFORMATION

Date: _____

To better serve you, the City of Bothell Police Department requires updated emergency contact information for your business. Please take a moment to fill out this form completely and return it with your Business License Application. Include any relevant information that might assist police should an emergency arise at your business.

COMMERCIAL BUSINESS INFORMATION:

NEW BUSINESS UPDATED INFORMATION

BUSINESS NAME: _____ BUSINESS OWNER: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE: _____ OWNER PHONE: _____

BUSINESS HOURS: _____ OWNER EMAIL: _____

BUSINESS GATE CODE: _____

KNOX BOX LOCATION: _____

DOES BUSINESS HAVE VIDEO SURVEILLANCE? YES NO

ALARM SYSTEM: Yes No

ALARM TYPE: BURGLARY FIRE PANIC

MONITORED: Yes No

AUDIBLE: SILENT:

MONITORED BY: _____ PHONE: _____

EMERGENCY CONTACT #1

EMERGENCY CONTACT #2

NAME: _____

NAME: _____

PRIMARY PHONE: _____

PRIMARY PHONE: _____

ALTERNATE PHONE: _____

ALTERNATE PHONE: _____

COMMENTS:

POLICE USE ONLY

FORWARD HARD COPY TO RECORDS

CAD/RMS DATA ENTRY (initials) _____

SERIAL # _____ DATE _____

MAP NUMBER _____

BEAT _____ SECTOR _____