

		BUSINESS LICENSE FEE: call 253-931-3090 All licenses expire June 30. Renewal notices are mailed in May. Business licenses are not pro-rated and are non-transferable. If you discontinue your business activity in Auburn, please notify the Permit Center at (253) 931-3090.	License No.: _____ PLEASE RETURN TO: Auburn Permit Center 25 West Main Street Auburn, WA 98001 Phone: (253) 931-3090 Fax: (253) 804-3114	
New Business: <input type="checkbox"/>	New Location: <input type="checkbox"/>	New Owner: <input type="checkbox"/>	Name Change: <input type="checkbox"/>	Outside City: <input type="checkbox"/>

CITY OF AUBURN APPLICATION FOR BUSINESS LICENSE

Auburn City Code requires each business operating within the city limits to obtain a business license. **Additional individual licenses** are required for the following business activities: Ambulance Services; Amusement Device(s); Auto Races; Cabaret; Carnival, Circus, Show; Dance; Fire Extinguisher Service; Fireworks Stand; Motor Vehicle Wreckers; Outdoor Musical Entertainment; Pawnbrokers/Secondhand Dealers; Solicitor; Tow Truck and Tow Truck Driver.

DOING BUSINESS AS Name: _____ Address, Suite #: _____ City, State, Zip: _____ LOCAL BUSINESS PHONE NO: _____	BUILDING OR PLAZA NAME: _____ OPENING DAY OF BUSINESS: _____
LICENSEE MAILING ADDRESS (IF DIFFERENT FROM BUSINESS ADDRESS) (All information related to this license will be sent to this address) Name: _____ Title: _____ Address, Suite #: _____ City, State, Zip: _____	CORPORATE/BUSINESS PHONE: _____ BUSINESS FAX: _____
WEB SITE (if applicable) _____	E-mail address: _____

COMPLETE THIS SECTION FOR MAJORITY OWNERS, AGENTS, PARTNERS OR CORPORATE OFFICERS		
1) NAME: _____ HOME ADDRESS: _____	TITLE: _____ CITY/STATE/ZIP: _____	% OWNED _____ HOME PHONE: _____
DATE OF BIRTH: _____	DRIVER'S LICENSE #: _____	EMERGENCY CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No
2) NAME: _____ HOME ADDRESS: _____	TITLE: _____ CITY/STATE/ZIP: _____	% OWNED _____ HOME PHONE: _____
DATE OF BIRTH: _____	DRIVER'S LICENSE #: _____	EMERGENCY CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No

In the event of an incident at your business, you are required to provide an individual who can be contacted at all times:

LOCAL RESPONSIBLE CONTACT HOME ADDRESS: _____	TITLE: _____ CITY/STATE/ZIP: _____	BUSINESS PHONE: _____ HOME/CELL PHONE: _____
DATE OF BIRTH: _____	DRIVER'S LICENSE #: _____	EMERGENCY CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No

FOR OFFICE USE ONLY:

Date received: _____

Prior License # _____

BUSINESS INFORMATION:

FEDERAL TAX ID #:

WA STATE UBI/TAX #:

CONTRACTOR ID #:
If applicable

NAICS Code:

*(note: if you don't know this code, it can be obtained from the Washington State Department of Revenue at www.dor.wa.gov)*LEGAL STATUS: Sole Proprietor Individual Corporation LLC Partnership Other _____

NUMBER OF EMPLOYEES LOCATED AT YOUR PLACE OF BUSINESS WITHIN THE CITY OF AUBURN: _____

BUSINESS ACTIVITY

Your business will engage in which of the following activities? (check all that apply):

- Wholesale Retail Service Manufacturing Finance/Insurance Government Education
 Health Care Transportation/Communications/Utilities Food Processing Food Service
 Construction type _____

Please describe your business activities in detail; list principal products sold, services provided, etc):

TELECOMMUNICATIONS PROVIDER? Yes No; if yes, complete Telecommunications FormINDIVIDUAL LICENSE REQUIRED? Yes No; if yes, complete appropriate Individual License ApplicationHOME OCCUPATION? Yes No; if yes, complete Home Occupation FormIs this a Non-Profit Organization exempt from taxation under 26 USC 501(c)(3) or (4)? Yes No

If yes, please provide a letter from the IRS stating the exemption.

BUSINESS LOCATION INFORMATION*(only if inside the city limits)*

Assessor's Parcel #:

Property Owner/Leasing Agent:

Name: _____

Building: Single Tenant Multi Tenant

Address: _____

City/State/Zip: _____

Telephone: _____

Business Sq. Ft.: Total Building:

Storage/Warehouse: (how much of the total bldg.):

Property Sq. Ft.:

Are you making tenant improvements?: Yes No*(Some improvements may require permits. Please contact the Permit Center for additional information).*Are you the first tenant at this location? Yes No If no, name of previous business at this location and/or type of use this business is replacing: _____ Residence Retail Light Industrial Warehouse Other, describe _____STORE HAZARDOUS MATERIALS? Yes No *If yes, complete a Hazardous Materials Inventory Statement. For questions, please contact the Valley Regional Fire Authority at (253) 931-3060***APPLICANT'S SIGNATURE**

I hereby certify and declare under penalty of perjury under Washington law that the statements furnished by me on this application are true and complete to the best of my knowledge. I understand that the issuance of a business license is conditioned upon compliance at all times with all applicable ordinances, regulations and statutes of the City of Auburn and the State of Washington. The issuance of a business license does not imply compliance with the Zoning Code and International Fire and Building Codes.

Date _____ Signature _____ Title _____