



## Business License Packet

We wish to take this opportunity to welcome you and your business to the community.

The City of Federal Way City Code (section 12.05.040) requires that every person doing business within the city limits obtain a city business registration. In addition, certain businesses may also need to obtain specialist licenses if the business activities include bathhouse, adult entertainment, adult retail, pawnbrokers, second-hand dealers, gambling, or if liquor is served on the premises.

In addition if you make \$12K a year or more, collect taxes, report taxes, or are a buyer or processor of specialty wood products you are required to register with the Department of Revenue. To obtain your **Washington State License and U.B.I number**, please contact the Department of Revenue at **1-800-647-7706**, [www.dor.wa.gov](http://www.dor.wa.gov) or visit one of their local branches at:

20819 72<sup>nd</sup> Ave South #680  
Kent, WA 98032  
(425) 656-5100

3315 So. 23<sup>rd</sup> Street #300  
Tacoma, WA 98405  
(253) 382-2000

City of Federal Way business licenses fees are **non-refundable**. Each registration is non-transferable and issued for a specific location. If you change locations please notify the City licensing. If there is a change of ownership, a new business registration application must be submitted. For businesses with multiple locations in Federal Way, a registration is required for each location.

**Business Registrations expire December 31<sup>st</sup> of the year issued.** Failure to renew your license by January 31<sup>st</sup> of the following year will result in penalties. A renewal notice will be sent to your mailing address in November of each year. (Any license issued within the last three months of each year will expire December 31<sup>st</sup> of the following year.)

### Complete the following sections as they apply to your business application:

| <u>Description</u>  | <u>Required Sections:</u> | <u>Fee:</u> |
|---|---------------------------|-------------|
| <b>Federal Way Business</b> <i>(located within the city)</i>                | A, B, C, D, E, H          | \$75.00     |
| <b>Outside Contractor</b> <i>(business is based outside city)</i>           | A, B, C, H                | \$75.00     |
| <b>Home Occupation</b> <i>(business from residence)</i>                     | A, B, C, D, E, F, H       | \$75.00     |
| <b>Adult Family Home/In-Home Daycare</b> <i>(additional forms required)</i> | A, B, C, D, E, H          | \$75.00     |
| <b>Temporary Business/Solicitors Permit</b> <i>(90 day license)</i>         | A, B, C, G, H             | \$50.00     |
| <b>Non-Profit Business Registration</b> <i>(with documentation)</i>         | A, B, C, D, E, H          | Waived      |

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

Once again, welcome to the community.  
We wish you every success in your business venture.

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33325 8<sup>th</sup> Ave South Federal Way, WA 98003  
Business License Information Line (253) 835-2506  
Fax (253) 835-2509

**BUSINESS LICENSE APPLICATION** **New Application** **Update Application/Address Change** **Federal Way Business** **Outside Contractor** **Home Occupation** **Temporary****SECTION A – Business Information - Please complete all information.**

|   |      |  |     |                   |
|---|------|--|-----|-------------------|
| Business Name   |      | WA State UBI # (1-800-647-7706)  |     |                   |
| Business Address (Street/Suite# - Physical Location) Are you currently occupying this address? <input type="checkbox"/> Yes <input type="checkbox"/> No |      |  |     |                   |
| City  |      | State  | Zip | Business Phone #: |
| Mailing Address   | City | State  | Zip | Business Fax #:   |
| Email Address:  |      | Employees in Federal Way (do not include yourself)<br># _____ Full Time # _____ Part Time                          |     |                   |
| Is there Liquor served on the premise? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>State Liquor License #                               |      | Is there Gambling activities? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>State Gambling License # |     |                   |

**SECTION B – Description of Business – describe in detail your business activities –including which category - retail, wholesale, or services.**

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|  |
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**SECTION C – Business Ownership - Attach additional pages if necessary.** Sole Proprietor  Partnership  Corporation  Limited Liability  Non-Profit  Other

|   |        |                                       |                |  |
|---|--------|---------------------------------------|----------------|--|
| Company Name<br>(As registered with WA State):        |        |                                       |                |  |
| Number of Owners, Partners,<br>or Corporate Officers: |        | Date Business began<br>or will begin: |                |  |
| Name:   | Title: | Driver License#/State:                | Birthdate:     |  |
| Home Address (Street/PO Box, City, State, Zip)        |        | Telephone Number:                     | % Owned:       |  |
| Name:   | Title: | Driver License#/State:                | Birthdate:     |  |
| Home Address (Street/PO Box, City, State, Zip)        |        | Telephone Number:                     | % Owned:       |  |
| Name of Emergency Notification/Contact:               |        |                                       | Telephone No.: |  |

**SECTION D – Business Location - Some improvements to your business may require separate permits. Please contact the Community Development permit counter at (253) 835-2607 for more information.**

|   |   |  |  |  |
|---|---|--|--|--|
| King County Parcel #:   |   | Are you making tenant improvements? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |
| Building: <input type="checkbox"/> Single Tenant<br><input type="checkbox"/> Multi Tenant                       | Floor Space Used<br>for Business (Sq. Ft.): |  | Name of Business Center (if applicable): |  |
| Does building/premise have<br>a security alarm system? <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, monitored by:                       |  | City alarm registration no.:             |  |

**SECTION E - Hazardous Materials - Required by the City of Federal Way and Fire Department.**

|   |
|---|
| Does your facility currently report to the Federal Way Fire Department under Sara Title III? <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Does your facility currently use or store flammable materials? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, please list.   |
| What types of hazardous materials and /or waste are used, stored, handled, processed, or generated by your business? If additional space is needed, please attach a separate sheet(s) of paper.   |
| What quantity (in gallons) of the above substance is stored on site at any given time?<br>(Excluding consumer commodities for household use packaged in quantities of less than five (5) gallons) |

**SECTION F – Home Occupation – Required by the City if you run the business from your home.**

|   |   |
|---|---|
| Names all family members who reside at the home and work in the business, include yourself:   | Total Floor Space of Residence: _____ sq.ft |
| Do you have employees who are not a family member residing in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, do any of these employees visit the residence in connection with the business? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>**Non resident, non family member employees may not conduct business on this property**</b> |   |
| Will there be any outside storage of goods, display of materials or outside activity? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If Yes, please explain:   |   |
| Will the business require the use of heavy equipment, power tools or power sources not common to a residence?<br><input type="checkbox"/> Yes <input type="checkbox"/> No , If Yes, please explain:   |   |
| Will there be any pick up or delivery by commercial vehicles? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If Yes, please explain type and frequency:  |   |
| Will there be any visits to the home by clients or delivery services? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If Yes, please explain the number of deliveries expected: per week _____ per month _____  |   |
| Are there any conditions produced by the home occupation such as noise, vibration, smoke, dust, odor, heat, or glare which would exceed that normally produced by a single residence, or which could create a disturbing or objectionable condition in a neighborhood? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain type and frequency:            |   |

**SECTION G– Temporary Business Activity - Temporary Licenses are granted for a specific period, and are not to exceed 90 days in a calendar year.**

|  |   |
|--|---|
| Description of Temporary Business/Activity:  |   |
| Dates of Temporary Activity:   |   |
| <b>**Please provide map of area/streets event will take place at. Attach additional paperwork if necessary**</b> | <b>**Signed Consent of Property Owner is required for approval. Copy of lease agreement is acceptable**</b> |

**SECTION H – SIGNATURES**

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(s) or authorized representative(s) of the firm 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 also understand that I am responsible for notifying the City Clerk, in writing, of any change in location or mailing address within thirty days. All licenses are nontransferable. I understand my place of business must comply with all federal, state, and local codes and ordinances.

|  |       |              |
|--|-------|--------------|
| X<br>Signature of applicant            | Title | / /<br>Date  |
| Application prepared by (please print) | Title | Phone Number |

**For office use only**

Amount Received: \_\_\_\_\_ Check No.: \_\_\_\_\_ Date Received: \_\_\_\_\_ Receipt # \_\_\_\_\_

Business License #: \_\_\_\_\_ Date License Issued: \_\_\_\_\_