

## OUTSIDE CONTRACTOR

# BUSINESS REGISTRATION APPLICATION

Please type or print clearly in dark ink.

**New Application (\$80)** Have you ever had a Federal Way business registration? YES  NO

### SECTION A – Business Information - *Please complete all information.*

Business Name		WA State UBI # (1-800-647-7706)		
DBA		WA State Contractor's License #		
Physical Location	City	State	Zip	Business Phone #
Mailing Address	City	State	Zip	Business Fax #
Contact Person	Contact phone #	Number of persons employed <b>in Federal Way:</b> # _____ Full Time # _____ Part Time		

### SECTION B – Description of Business – *describe the type of contracting services you provide.*

### SECTION C – Business Ownership - *Attach additional pages if necessary.*

Sole Proprietor    Partnership    Corporation    Limited Liability    Non-Profit    Other \_\_\_\_\_

Company Name (As registered with WA State):			
Number of Owners, Partners, or Corporate Officers:		Date Business to begin in Federal Way:	
Name:	Title:	Name of registered agent (partnerships/corporations only):	
Home Address (Street/PO Box, City, State, Zip)		Telephone Number:	% Owned:
Name:	Title:	Name of registered agent (partnerships/corporations only):	
Home Address (Street/PO Box, City, State, Zip)		Telephone Number:	% Owned:

### SECTION D – 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 \_\_\_\_\_ / /  
Signature of applicant Title Date

\_\_\_\_\_  
Printed name of applicant Phone Number

**For office use only**

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

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