



# 20- \_\_\_\_\_ - \_\_\_\_\_ -BL

(For office use only)

**OUTSIDE CONTRACTOR  
BUSINESS REGISTRATION APPLICATION**

bl@cityoffederalway.com

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	Phone #
Mailing Address	City	State	Zip	Phone #
Email		Number of persons employed <u>in Federal Way</u> : # _____ 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 E-SIGNATURE IS NOT ACCEPTED**

I (we) the undersigned, declare under the penalties of perjury and the denial of a registration or revocation of any registration 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 \_\_\_\_\_

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

Business Registration #: \_\_\_\_\_ - \_\_\_\_\_ SIC CODE: \_\_\_\_\_ Date Issued: \_\_\_\_\_