City of Kent Commercial Business Application

(Use this application only if your business is located inside City limits of Kent)

City of Kent Customer Services
220 Fourth Avenue S., Kent, WA 98032-5895
(253) 856-5210 Fax (253) 856-6200

Fee Must Accompany Application (Circle One)		Opening July 1 or after
0-24 employees	$211.50	$160.90
25-49 employees	$312.70	$211.50
50-99 employees	$515.10	$312.70
100 or more employees	$717.50	$413.90
Indep. Contractor	$102.20	$51.60
Non-Profit	No Charge	501(c)(3)Req
Relocation in Kent	No Charge	
Prior Kent Address: _____		

All licenses expire December 31. Renewal invoices mailed in January. **Ordinance No. 3035.**

1. **WA State UBI#** _____

   WA State TRN (Tax Registration Number)

   _____

2. Date Opened in Kent ____/____/____
3. NAICS# _____

Name of Business _____

Address _____

Suite _____ Kent, WA Zip _____

Phone ( ) _____ Fax ( ) _____

4. ❑ Indiv. ❑ Partnership ❑ LLC ❑ Corporation ***Provide ownership information; include supplemental list if needed.***

Owner(s) Name(s)	Home Address	City	State	Zip	Phone

5. Contact Person: _____
6. Billing Address: _____ City/State _____ Zip _____
7. **Description** of Business: _____
8. **Type of Business**: (Check those which apply)

   ❑ Wholesale Trade ❑ Retail Trade ❑ Service ❑ Manufacturing ❑ Construction ❑ Govt.

   ❑ Transp./Commun./Util. ❑ Finance/Insur./RE ❑ Education ❑ Health Industry ❑ Sales/Mktg.

   ❑ Rental Housing # Units _____ ❑ Other _____
9. Do You Share a Location with Another Business? ❑ No ❑ Yes Who? _____
10. **Number of Employees** -(An employee means any person employed, whether Full-Time or Part-Time, at any business enterprise that performs any part of their duties within the city, except casual laborers not employed in the usual course of business. All officers, agents, dealers, franchises, etc., of a corporation or business trust, and all partners are considered employees. However, a sole proprietor is not an employee)

    # Full Time Employees: _____ **# Part Time** Employees: _____ **# Total** Employees: _____ ***(Use this # to determine License Fee)***
11. **Emergency Information** for Fire & Police Departments: TWO after hours LOCAL names & phone numbers:

    Name _____ Phone _____ Name _____ Phone _____
12. Type of Building Occupied: ❑ Single-Tenant ❑ Multi-Tenant ❑ Single-Tenant Warehouse

    ❑ Multi-Tenant Warehouse ❑ Mixed-Use-List mixed-uses:
13. Floor Space Occupied by Business in Square Feet _____
14. Are there any hazardous materials used or stored at location ❑ Yes ❑ No

    If Yes, explain _____
15. Will your business engage in selling, giving away, distributing, dispensing, exchanging for anything of value, planting, growing, processing, packaging, storing, or any other act relating to marijuana as that term is defined in RCW 69.50.101? Yes ___ or ___No.
16. Is your Business subject to the State of Washington B&O Tax (Chapter 82.04 Revised Code of Washington)?

    ❑ Yes ❑ No

    Is your Business subject to City of Kent B&O Tax (please reference the list of exemptions noted on page 2 of the Business Activities Questionnaire)? ❑ Yes ❑ No Exemption Number _____

I hereby certify that the statements and information furnished by me on this application are true and complete to the best of my knowledge. I also acknowledge that the statements and information furnished by me on this application are public records and are available for public inspection pursuant to State of Washington RCW 42.17.260. I understand that issuance of this license is conditioned upon compliance at all times with all applicable ordinances, regulations and statutes of the City of Kent and the State of Washington. The issuance of this business license does not imply compliance with the Zoning, Uniform Fire and Building Codes.

Signature	Print Name	Title	Date

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

FOR OFFICE USE ONLY: Business License # _____ Date Rec'd _____ Amt. Paid _____

ficsW09201_1_14