



City of Kent Home Business License Application

Chapter 5.01 of the Kent City Code (KCC), As Amended

DATE:

Save Time and Apply Online at FileLocal-WA.gov

SPECIAL NOTICES

- Use this form if your business is operated at your home or other personal residence. Specifically, this application form applies to any business operated from a single family residence or residential rental property (see also Section 15.08.040(A) of the Kent City Code).
- Incomplete applications will not be processed
- All licenses expire on December 31
- Reminder notices sent prior to end of calendar year
- If paying by credit card, submit your application online at FileLocal-WA.gov
- Paper applications accepted at the Customer Service counter (check or cash only)

City of Kent Customer Service
220 Fourth Avenue South
Kent, WA 98032-5895
253-856-5210 or CustomerService@KentWA.gov

FEE SCHEDULE

Operating in Kent before July 1: \$51.00
Operating in Kent on or after July 1: \$26.00

Non-Profit: No Charge (501(c)(3) Required)

Relocation in Kent: No Charge (New application required)

BUSINESS INFORMATION

Legal Business Name: _____

Trade/DBA Name: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

WA State UBI Number (16 Digits): _____

Legal Entity Type:

- ☐ Individual/Sole Proprietorship ☐ Corporation
☐ Partnership ☐ Other _____
☐ LLC

Owner(s)/Officer(s) Information:

Name: _____ Name: _____

Position: _____ Position: _____

Business Address: _____ Business Address: _____

Phone: _____ Phone: _____

Email: _____ Email: _____

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

☐ No

Is your business recognized as a 501(C)(3) pursuant to the requirements established by the Internal Revenue Service?

☐ Yes

☐ No

NAICS Code (6 Digits): _____

Description of Business Activity: _____

Will your business be operating any of the following (check all that apply)?

☐ Food Service

☐ Short Term Rental

☐ Communal Residence

☐ Mobile Business

☐ Day Care

☐ Group Home

☐ Solicitor

☐ Amusement Device

☐ Arcade License

☐ Cabaret

☐ Carnivals

☐ Circus & Sideshows

☐ Taxicabs or Vehicle for Hire Driver

☐ Massage Therapy

☐ Hookah Lounge

☐ Generation, collection, transport
and/or disposal of wastewater

☐ Manufacturing, processing and/or
packaging food and/or drink

☐ Preparation, serving, and/or
making available food or drink for

☐ Pressure washing and/or Surface
cleaning

☐ Hood, duct and/or rooftop
cleaning

☐ consumption by the public

☐ Mobile auto repair and/or detailing

☐ Carpet and/or floor cleaning

☐ Painting and/or drywall

☐ None of these apply

Estimated Annual Gross Revenue/Income in Kent:

☐ Less than \$2,000

☐ \$200,001 - \$1,000,000

☐ \$2,001 - \$200,000

☐ Over \$1,000,000

Date when your business activity began in Kent: _____

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 (Chapter 3.28 Kent City Code)?

☐ Yes

☐ No

Total # of Full-Time employees (32+ hours per week) (including working owners) _____

Total # of Part-Time employees (<32 hours per week) (including working owners) _____

What day(s) of the week are you open to clients?

- | | |
|---|-----------------------------------|
| <input type="checkbox"/> Sunday | <input type="checkbox"/> Thursday |
| <input type="checkbox"/> Monday | <input type="checkbox"/> Friday |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> Saturday |
| <input type="checkbox"/> Wednesday None (Clients do not visit the office) | |

What hours of the day are you open to clients? _____

On average how many client visits per day? _____

Will you operate outside the hours of 7:00 a.m. through 7:00 p.m.?

- ☐ Yes
☐ No

If yes, what hours will your business be operating? _____

What is the total number of square feet of your home your business will occupy? _____

TAX REGISTRATION

By completing this application, you are also registering to file City of Kent business and occupation (B&O) tax returns. If your business activities are exempt from B&O tax, provide the reason or basis of this exemption (refer to KCC 3.28.090).

The City also levies a utility tax, admissions tax, and gambling tax upon certain business activities. For tax forms and additional information is available at KentWA.gov or by contacting the Tax Division at (253) 856-6266 or at TaxDivision@KentWA.gov.

HOME BUSINESS LICENSE APPLICATION CERTIFICATION

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 the State of Washington RCW 42.17.260. I understand that issuance of this license is conditional 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: _____

Position/Title: _____ Email: _____ Date: _____

FOR OFFICE USE ONLY: App ID _____ Date Paid: _____ Amount Paid: _____