



# City of Kent Outside 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 you are conducting business in Kent without an office or facility within Kent city limits, e.g. plumbing contractor doing work in the City
- 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: \$101.00  
Operating in Kent on or after July 1: \$51.00

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:

- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> Individual/Sole Proprietorship | <input type="checkbox"/> Corporation |
| <input type="checkbox"/> Partnership                    | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> LLC                            |                                      |

Please select the types of officers applicable for your business:

- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> President      | <input type="checkbox"/> Treasurer   |
| <input type="checkbox"/> Vice President | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Secretary      |                                      |

Contact information for at least one of these officers (if applicable):

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

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

Total # of Part-Time employee: \_\_\_\_\_

Estimated Annual Gross Revenue/Income in Kent:

☐ Less than \$2,000

☐ \$200,001 - \$1,000,000

☐ \$2,001 - \$200,000

☐ Over \$1,000,000

Does your business generate, collect, transport and dispose of wastewater?

☐ Yes

☐ No

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

## TAX REGISTRATION

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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).

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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.

## OUTSIDE BUSINESS LICENSE APPLICATION CERTIFICATION

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*I hereby certify that the statements and information furnished by me on this application, including supplementary information contained within 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: \_\_\_\_\_