



City of Kent Master Business License Application

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

DATE:

Save Time and Apply Online at FileLocal-WA.gov

BUSINESS LICENSE FEE SCHEDULE

1. General Business License (Excludes Non-Resident Businesses):

<u>Number of Employees</u>	<u>Full Year *</u>	<u>Opening on or After July 1*</u>
0 – 24	\$281.68	\$231.68
25 - 49	\$381.68	\$281.68
50– 99	\$581.68	\$381.68
100 or more	\$781.68	\$481.68

Independent Contactor \$101.00 \$51.00
 (Example: Someone leases a chair at a licensed salon or barber shop)

Non-Profit No Charge

Relocation in Kent No Charge New application required

*These fees include a \$180.68 Fire Safety Inspection fee for commercial businesses located within the City limits.

2. Rental Housing Businesses (properties which contain two or more housing units):

<u>Number of Units</u>	<u>Full Year</u>	<u>Opening on or After July 1</u>
2 - 10	\$101.00	\$ 51.00
11 - 50	\$301.00	\$151.00
51 or more	\$601.00	\$301.00

A \$13.00 per unit Rental Housing Inspection Program (RHIP) fee will be added to your business license fee. If you have any questions please visit KentWA.gov/RentalHousingInspection or call 253-856-5454.

Calculation:

Total Number of Rental Units _____ x \$13.00 = _____

Please include this RHIP fee with your General Business License fee.

SPECIAL NOTICES

- 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

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

Please select the types of officers applicable for your business:

- President Treasurer
 Vice President Other _____
 Secretary

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

Name: _____

Position: _____

Business Address: _____

Phone: _____

Email: _____

Contact information for two emergency contacts:

Name: _____ Name: _____

Position: _____ Position: _____

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: _____

Select the option that best describes the primary nature of your business:

- | | |
|--|---|
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Retail |
| <input type="checkbox"/> Extracting | <input type="checkbox"/> Service |
| <input type="checkbox"/> Printing and Publishing | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Tour Operator | <input type="checkbox"/> Admin |
| <input type="checkbox"/> Wholesale | |

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

- | | | |
|--|---|--|
| <input type="checkbox"/> Food Service | <input type="checkbox"/> Short Term Rental | <input type="checkbox"/> Communal Residence |
| <input type="checkbox"/> Mobile Business | <input type="checkbox"/> Day Care | <input type="checkbox"/> Group Home |
| <input type="checkbox"/> Solicitor | <input type="checkbox"/> Amusement Device | <input type="checkbox"/> Arcade License |
| <input type="checkbox"/> Cabaret | <input type="checkbox"/> Carnivals | <input type="checkbox"/> Circus & Sideshows |
| <input type="checkbox"/> Taxicabs or Vehicle for Hire Driver | <input type="checkbox"/> Massage Therapy | <input type="checkbox"/> Hookah Lounge |
| <input type="checkbox"/> Generation, collection, transport and/or disposal of wastewater | <input type="checkbox"/> Manufacturing, processing and/or packaging food and/or drink | <input type="checkbox"/> Preparation, serving, and/or making available food or drink for consumption by the public |
| <input type="checkbox"/> Pressure washing and/or Surface cleaning | <input type="checkbox"/> Hood, duct and/or rooftop cleaning | <input type="checkbox"/> Painting and/or drywall |
| <input type="checkbox"/> Mobile auto repair and/or detailing | <input type="checkbox"/> Carpet and/or floor cleaning | <input type="checkbox"/> None of these apply |

Estimated Annual Gross Revenue/Income in Kent:

- | | |
|--|--|
| <input type="checkbox"/> Less than \$2,000 | <input type="checkbox"/> \$200,001 - \$1,000,000 |
| <input type="checkbox"/> \$2,001 - \$200,000 | <input type="checkbox"/> Over \$1,000,000 |

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

- Yes
 No

Date when your business activity began in Kent: _____

Do You Share a Location with Another Business? (If yes, please email CustomerService@KentWA.gov) (in City only)

- Yes
 No

Does your business require a specialty license?

- Yes
 No

Does your business manufacture, process or package food or drink?

- Yes
 No

Does your business prepare, service or make available food or drink for consumption by the public?

- Yes
 No

Do you have 100 or more Full-Time employees?

- Yes
- No

If yes, provide contact information for your "Employer Transportation Coordinator" or similar position overseeing the organization's commute trip reduction program contact information (RCW 70A.15.4040(3)(a)).

Name: _____ Phone: _____

Position: _____ Email: _____

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

City of Kent Master Business License Application Supplementary Information

COMMERCIAL BUSINESSES THAT HAVE A PHYSICAL LOCATION WITHIN KENT

Does your business have more than one location within the City of Kent?

- Yes
- No

If yes, please list location(s): _____

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

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

Total number of employees (Use this number to determine license fee): _____

Internal Sq Footage: _____

RENTAL HOUSING AND MULTI DWELLING (HOTEL/MOTEL/LODGE/MOBILE HOME PARK)

Do you rent housing property?

- Yes
- No

If yes, what type of property do you own/manage?

- Apartment
- Duplex
- Triplex
- 4 plex
- Townhouse

How many buildings do you own/manage? _____

How many total units do you own/manage? _____

What are the unit numbers you own/manage (Example A1 – 30, 301 – 350)?

Do you own or manage a hotel, motel, lodge or mobile home park?

- Yes
- No

If yes, check all that apply:

- Hotel
- Motel
- Lodge
- Mobile Home Park

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.

MASTER BUSINESS LICENSE APPLICATION CERTIFICATION

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: _____