



GENERAL BUSINESS LICENSE APPLICATION

Form last updated May 2018

Physical Address:
Auburn City Hall Annex, 2nd Floor
1 E Main St

Mailing Address:
25 W Main St
Auburn, WA 98001-4998

Webpage & Email:
www.auburnwa.gov
permitcenter@auburnwa.gov

Phone and Fax:
Phone: (253) 931-3090
Fax: (253) 804-3114

BUSINESS INFORMATION

BUSINESS LICENSE# _____

Note: Items 1-22 must be completed and the application must be signed. Incomplete applications may be rejected.

- Select one: New Business / New Location New Owner Name Change Commercial Trucking Outside City
- Business Name: _____ Opening Day of Business: _____
- Business Address: _____ Suite #: _____ City: _____ State: _____ Zip: _____
- Business Phone: () _____ Business Email: _____ Website: _____
- Type of Business: Contractor Food Service Manufacturing Transportation Real Estate Retail
 Service Wholesale Other _____
- Commercial Trucking: Lic. Plate# _____ VIN# _____ **Parking Permit#**
- Description of Business: _____
- Type of Ownership: Sole Proprietorship Corporation LLC Partnership Non-Profit*
**If this is a Non-Profit Organization exempt from taxation under 26 USC 501(c)(3) or (4) please provide IRS documentation.*
- Contractor ID# (if applicable): _____ (found here: <https://fortress.wa.gov/lni/bbip/>)
- Washington State UBI#: _____ NAICS Code: _____ # of Employees (include yourself): _____
UBI # and NAICS Code can be found here: <http://dor.wa.gov/content/doingbusiness/registermybusiness/brd/>
- Federal Tax Identification Number (EIN) – not applicable to a Sole Proprietor: _____

PROPERTY/BUILDING INFORMATION (Complete if businesses is *inside the City*. If located outside, skip to #19)

- Parcel #: _____ Available at: <http://www5.kingcounty.gov/parcelviewer/viewer/kingcounty/viewer.asp>
- Total Building Square Footage: _____ Square Feet Used for Business: _____
- Please provide estimated square footage information for each of the following activities:
Retail: _____ Service: _____ Wholesale: _____ Manufacturing: _____
- Do you intend to modify the interior or exterior of the place of business or the property? No Yes
If **yes**, describe* _____ *A permit may be required for the described changes
- Do you intend to replace, relocate, or add a sign at the place of business? No Yes
If **yes**, describe* _____ *A permit may be required for the described changes
- Will there be any outside storage of goods or display of material or merchandise? No Yes
If **yes**, describe _____
- Will hazardous materials be stored/used at this site? No Yes If **yes**, provide Hazardous Material Inventory (HMI).
- Are you a business that serves or prepares food and/or drinks? No Yes If **yes**, provide a Fats, Oil, & Grease (FOG) Control Plan (http://www.auburnwa.gov/Assets/PW/AuburnWA/Docs/fog_control_plan.pdf)

19. The following businesses require specialized licenses and a supplemental application:

- Ambulance Services
- Amusement Devices
- Auto Races
- Cabarets
- Carnivals, Circuses
- Dances
- Fire Extinguisher Servicing
- Health Salons
- Massage Businesses
- Merchant Patrol
- Motor Vehicle Wrecker
- Outdoor Musical Entertainment
- Pawnbroker
- Private Detective
- Public Bathhouses
- Solicitor
- Taxicab
- Tow Trucking

You can obtain the supplemental application at: http://www.auburnwa.gov/services/resource_library/forms.htm

20. MAILING INFORMATION (THIS IS WHERE BUSINESS LICENSE RENEWALS WILL BE SENT)

Company Name:		Department/Person:		
Address:		City:	State:	Zip:
Phone: ()	Fax: ()		Email:	

21. OWNER INFORMATION

Name:		Driver's License #:		Date of Birth:
Address:		City:	State:	Zip:
Phone: ()	Fax: ()		Email:	

22. LOCAL EMERGENCY CONTACT INFORMATION

Name:	Phone: ()	Email:		
Address:		City:	State:	Zip:

FEES

- Business License Fee: \$50.00. Applied at time of application submittal and each subsequent calendar year.
- Specialized Licenses: Various. For businesses that require a specialized license, an additional fee will be assessed at the time of submittal and each subsequent calendar year.
- Business Improvement Area (BIA): Based on Square Feet of Space. The BIA fee applies to businesses located in downtown Auburn. The fee is based on the square footage of the business. It is collected by the City of Auburn and transmitted to the Auburn Downtown Association (ADA).

I hereby certify and declare under penalty of perjury under Washington law that the statements furnished by me on this application are true and complete to the best of my knowledge. I understand that issuance of this license is conditioned upon compliance at all times with all applicable ordinances, regulations, conditions, and statutes of the City of Auburn and the State of Washington. The issuance of this business license does not imply compliance with the Zoning Code and International Fire and Building Codes.

SIGNATURE

PRINTED NAME

DATE