



REGULATORY BUSINESS LICENSE APPLICATION - MARIJUANA

Updated
AUG/2022

Physical Address:

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

Mailing Address:

25 W Main St
Auburn, WA 98001-4998

Webpage & Application Submittal:

www.auburnwa.gov
businesslicenses@auburnwa.gov

Phone and Email:

Phone: (253) 804-5011

BUSINESS INFORMATION**BUSINESS LICENSE#** _____

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

1. Select one: ☐ New Business / New Location ☐ New Owner ☐ Name Change ☐ Outside City
2. Business Name: _____ Opening Day of Business: _____
3. Business Address: _____ Suite # _____ City: _____ Zip: _____
4. Business Phone: () _____ Business Email: _____ Website: _____
5. Type of Business: ☐ Manufacturing ☐ Wholesale ☐ Retail ☐ Other _____
6. Description of Business: _____
7. Type of Ownership: ☐ Sole Proprietorship/IND ☐ Corporation ☐ LLC ☐ Partnership
8. State LCB License Number _____
9. Washington State UBI#: _____ NAICS Code: _____ # of Employees (include yourself): _____
UBI # and NAICS Code can be found here: <https://dor.wa.gov/>
10. 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)

11. Parcel #: _____ Available at: <https://blue.kingcounty.com/Assessor/eRealProperty/default.aspx>
12. Total Building Square Footage: _____ Square Feet Used for Business: _____
13. Please provide estimated square footage information for each of the following activities:
Retail: _____ Service: _____ Wholesale: _____ Manufacturing: _____
14. 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
15. 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
16. Will there be any outside storage of goods or display of material or merchandise? ☐ No ☐ Yes
If **yes**, describe _____
17. Will hazardous materials be stored/used at this site? ☐ No ☐ Yes If **yes**, provide Hazardous Material Inventory (HMI).
18. Are you a business makes edibles? ☐ No ☐ Yes If **yes**, provide a Fats, Oil, & Grease (FOG) Control Plan (<https://www.auburnwa.gov/forms>)
19. The city of Auburn will be processing your application with reviews by city departments. Additional permits or applications may be required.

You can obtain the supplemental application at: <https://www.auburnwa.gov/forms>

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

- Fee: The annual adopted Auburn business license and permit/application fees can be found here:
[Auburn fee schedule](#)
- Regulatory Licenses: For businesses that require a permit or application, an additional fee may be assessed at the time of submittal or on an annual basis per the city adopted fee schedule.
- Business Improvement Area (BIA): Please see Auburn City Code 3.53.120

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