SITE INFORMATION SUPPLEMENTAL FORM
This supplemental form applies to all businesses except non-resident (outside) businesses, home occupations, and tenants within Alderwood Mall. This form must be completed and submitted with your business license application. If you have questions about this form, please contact the Planning Hotline at (425) 670-5410.

GENERAL
1. Which type of space does the business occupy?
   □ Entire Building
   □ Suite

2. How many square feet does the business occupy (leased space)? __________ Sq. Ft.

3. How many square feet of the use is warehouse space (if applicable)? __________ Sq. Ft.

4. Is there a trash enclosure on site?
   □ YES
   □ NO If not, you may be required to provide one. Please call (425) 670-5410 for more information.

5. How many parking stalls are on the entire business site?
   Total: __________ Staff may contact you for additional information, if needed.

6. Does the site share parking with an adjacent property under a City-approved parking plan?
   □ YES If yes, what is the address: __________________________________________________
   □ NO

PARKING CALCULATION – PLEASE ATTACH ADDITIONAL SHEETS AS NEEDED
You are required to provide information for all suites and/or buildings at the business site. Please contact your property manager, property owner, or leasing agent for this information.

<table>
<thead>
<tr>
<th>Suite</th>
<th>Use</th>
<th>Sq. Ft./Use</th>
<th>Parking Requirement</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Required Stalls:

I/We certify that the information provided in this supplemental form is true and correct to the best of my/our knowledge. This application does not constitute approval of the business license.

Signature of Applicant: _______________________________ Date: _______________
Business License Supplement

License Number: __________________________

Receipt Number: __________________________

SITE INFORMATION SUPPLEMENTAL FORM

This supplemental form applies to all businesses except non-resident (outside) businesses, home occupations, and tenants within Alderwood Mall. This form must be completed and submitted with your business license application. If you have questions about this form, please contact the Planning Hotline at (425) 670-5410.

GENERAL

1. Which type of space does the business occupy?
   □ Entire Building
   ✔ Suite

2. How many square feet does the business occupy (leased space)? 1500 Sq. Ft.

3. How many square feet of the use is warehouse space (if applicable)? 0 Sq. Ft.

4. Is there a trash enclosure on site?
   □ YES
   ✔ NO If not, you may be required to provide one. Please call (425) 670-5410 for more information.

5. How many parking stalls are on the entire business site?
   Total: 50 Staff may contact you for additional information, if needed.

6. Does the site share parking with an adjacent property under a City-approved parking plan?
   □ YES If yes, what is the address: __________________________
   ✔ NO

PARKING CALCULATION – PLEASE ATTACH ADDITIONAL SHEETS AS NEEDED

You are required to provide information for all suites and/or buildings at the business site. Please contact your property manager, property owner, or leasing agent for this information.

<table>
<thead>
<tr>
<th>Suite</th>
<th>Use</th>
<th>Sq. Ft./Use</th>
<th>Parking Requirement</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>DRY CLEANING</td>
<td>700</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B</td>
<td>MEDICAL OFFICE</td>
<td>1200</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C</td>
<td>FURNITURE OFFICE</td>
<td>3500</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>ACCOUNTANT</td>
<td>1500</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E</td>
<td>RESTAURANT/TAVERN</td>
<td>2100</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Required Stalls: __________________________

I/We certify that the information provided in this supplemental form is true and correct to the best of my/our knowledge. This application does not constitute approval of the business license.

Signature of Applicant: SIGN HERE Date: DATE HERE