



Owners, Partners, or Corporate Officers		Date Business began or will begin in Lynnwood	
1) Name	Title	Driver's License #/State	Date of Birth
Home Address (Street, City, State, Zip)			Telephone Number
2) Name	Title	Driver's License #/State	Date of Birth
Home Address (Street, City, State, Zip)			Telephone Number

**SECTION D – Business Location - Some improvements to your business may require separate permits. Please contact the permit/inspection counter at (425) 670-6646 for more information.**

Snohomish County Parcel #: (For office use only)	*Are you making tenant improvements or installing signage? <input type="checkbox"/> Yes <input type="checkbox"/> No *Building Permit required – (425) 670-6646		
Name of person to contact for inspection:		Telephone No.:	
Building: <input type="checkbox"/> Single Tenant <input type="checkbox"/> Multi Tenant	Name of Property Owner/Leasing Agent	Phone Number:	
Name of Business Center or Apartment Complex (if applicable):			
If Hotel/Motel, number of rooms		If apartment complex, number of apartments:	

**SECTION E – Security/Safety**

Does building/premise have a security/fire alarm system? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, monitored by		
Name of Emergency Notification/Contact		Local Telephone No.	
Name of Emergency Notification/Contact		Local Telephone No.	

**SECTION F – SIGNATURES**

I (We) hereby attest that I (we) have not been convicted of a crime which relates directly to the business for which this license is sought, suffered a civil judgment based upon fraud, misrepresentation, violation of the Washington Consumer Protection Act or similar state or federal statutes or any other judgment or cease and desist order or consent decree relating to business activities.

I (We) the undersigned, declare under the penalties of perjury and the denial of a license or revocation of any license granted, that I (we) am (are) the applicant(s) or authorized representative(s) of the firm making this application and that the answers contained, including any accompanying information have been examined by me (us) and that the information set forth is true, correct, and complete. I also understand that I am responsible for notifying the Finance Director, in writing, of any change in location or mailing address within thirty days. All licenses are nontransferable. I understand my place of business must comply with all federal, state, and local codes and ordinances.

Name of applicant	Title	Date
Application prepared by (please print)	Title	Phone Number

**For office use only**

Amount Received: \_\_\_\_\_ Date Received: \_\_\_\_\_ Receipt # \_\_\_\_\_ License # \_\_\_\_\_

CODE	UNIT	AMOUNT

CODE	UNIT	AMOUNT

**TOTAL**

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