

CITY OF LYNNWOOD BUSINESS LICENSE APPLICATION

Please type or print clearly in dark ink.

New Application Update Application/Address or Owner Change

Lynnwood Business Outside Business Home Occupation Other _____

SECTION A – Business Information - Please complete all information.

Business Name		WA State UBI # (1-800-647-7706)	
Business Location Address (Physical Location Only)		WA State Professional Lic #	Exp. Date
City	State	Zip	Business Phone #:
Business Mailing Address (if different from physical location)			
City	State	Zip	Business Fax #:
Is this a Non-Profit Organization established for educational, religious, or charitable purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No		Number of employees: _____	
Is there Liquor served on the premise? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, State Liquor License # _____		Are there Gambling activities? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, State License # _____	
Will there be vending or amusement devices? <input type="checkbox"/> Yes <input type="checkbox"/> No How many Vending? _____ How many Amusement? _____		Will there be dancing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Former Occupant:			

SECTION B – Description of Business – describe in detail your business activities, products or services.

Please check the appropriate box that applies to your business.

- | | |
|---|--|
| <input type="checkbox"/> Manufacturing/Assembly/Warehousing/Storage Yards | <input type="checkbox"/> Automotive/vehicle/sales/repair machine shops |
| <input type="checkbox"/> Apartment/Single family rental | <input type="checkbox"/> Food/beverage/entertainment/recreational |
| <input type="checkbox"/> Institutional-schools, hospitals, government, churches | <input type="checkbox"/> Office, including medical |
| <input type="checkbox"/> Retail/personal services | <input type="checkbox"/> Home Occupations |
| <input type="checkbox"/> Other: _____ | |

Proposed Hours of Operation: _____

SECTION C – Business Ownership - Attach additional pages if necessary.

Sole Proprietor Partnership Corporation Limited Liability Non-Profit Other _____

Company Name (As registered with WA State):			
Owners, Partners, or Corporate Officers:		Date Business began or will begin in Lynnwood:	
Name	Title	Driver's License #/State	Date of Birth
Home Address (Street, City, State, Zip)			Telephone Number
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"/> MultiTenant	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.

X	/	/
Signature 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		