



"Building A Stronger Community TOGETHER"

525 W Cota St.
Shelton, WA 98584
(360) 426-4491

www.Ci.Shelton.Wa.US

Business License Application
\$35.00 Annual Fee

FOR OFFICE USE ONLY

Fee \$ TR #
Date License #

- Check One [] New Business License [] Change in Business Location [] Change in Business Ownership [] Change in Business Name
Note: A separate license is necessary for each location; licenses are not transferable.

Please print or type Complete All Portions of the Application

Licenses are effective January 1st through December 31st. We recommend you verify zoning, building, sign and similar regulations, prior to submitting your application. Building Permits or Certificates of Occupancy (360) 432-5175. Fire Department (360) 426-3348. Sign permits (360) 432-5132. Applications will be routed to various staff to verify compliance with all City regulations. Allow approximately 2 weeks for processing. If your application is incomplete the application may be denied. Your business should not commence until a valid license has been issued. Approved licenses will be mailed.

1. Legal Name of Business
Trade Name or DBA
Business Location (Address, City, State, Zip)
Mailing Address (Address, City, State, Zip)
Phone Numbers (Phone # at Business Location, Cell #, Fax #)
Email Address Start Date of business activity in Shelton
Business Owner Phone #

- 2. Business Organization (Check One)
[] Sole Proprietor [] Partnership [] Corporation [] LLC [] Other

- 3. Is this a Non-Profit organization [] Yes [] No
If Yes, an attached copy of IRS 501(c)(3) Federal Tax Exemption Certificate is required.

- 4. WA State UBI# Required (Contact DOR www.bls.dor.wa.gov or 800-451-7985)

- 5. WA State Contractor's License # Must Attach Copy (Contact LNI www.lni.wa.gov or 800-647-0982)
All Subcontractors are required to obtain City business license.

- 6. Other Licenses - Type Lic. # Type Lic. #
Note: Taxi Driver & Gambling require additional licensing.

- 7. List other current business locations in Shelton (A separate license is required for each location.)
Business Name Location
Phone # (s) City Business License #

- 8. Nature of Business (Check One)
[] Construction [] Restaurant/Food Service [] Retail Sales [] Retail Service
[] Manufacturing [] Wholesale [] Printing/Publishing [] Other

- 9. Describe in detail the principal product(s) or services(s) rendered (e.g. type of service; type of retail/wholesale; type of goods/products manufactured).

- 10. Reporting: A Business and Occupation Tax is levied on persons engaged in business within the City of Shelton.
Mark your expected world-wide yearly gross receipts [] \$0 - \$300,000 [] \$300,001 - \$600,000 [] \$600,001 +

- 11. Is your business located within the City of Shelton limits? [] Yes [] No
If NO, sign on page 2 and submit with application fee. If YES, complete the remainder of this application.

12. Property Owner's Name _____ Phone # _____

13. Previous Tenant/Business Name _____

14. Will there be any structural/non-structural-mechanical/plumbing/electric changes to the existing structure? Yes No
If yes, a Building Permit will be required prior to business commencing, (360) 432-5175.

15. Will this be a change in use of the building? (i.e. residence to business) Yes No
If yes, a Certificate of Occupancy will be required prior to business commencing, (360) 432-5175.

16. Will there be a change in the existing signage? Yes No *If yes, a Sign Permit will be required, (360) 432-5129.*

17. Occupancy Type:
 Office Building Retail Single Family/Duplex Warehouse Apartment Building
 Hotel/Motel School Hospital/Nursing Home Other _____

18. Fire/Safety:
a. Do you or will you have a burglar alarm(s)? Yes No Type: Audible Silent
b. Do you or will you have a fire alarm(s)? Yes No Type: Audible Silent
c. Do you have flammable or other hazardous materials Yes No
List type and quantity _____

19. Will business be conducted within your home? Yes No
If yes, you must also complete and submit a separate Home Occupation Permit Application & Checklist, submit a floor plan, drawn to scale.

20. Will business be conducted out of a commercial building? Yes No
If yes, you must include a floor plan, drawn to scale, that indicates, entrances, exits, windows, doors, type & size of display structures and the locations of the structures.

21. Gross Sq. Ft. of building or tenant space _____

22. Will you have any sanitary sewer connections from your production area (other than restrooms)? Yes No
 Floor Drains Sinks Sumps Other _____

23. Will waste water (other than restrooms) be discharged into the sewer? Yes No
 Cooling Water Grease Food Waste Wash Down/Floor Cleaning Product Waste

9-1-1 CALL-OUT INFORMATION

Business Name: _____

Business STREET Address: _____

Business Phone # s: At Location _____ Cell _____ Home _____

Owner(s): _____

Owner(s) Address: _____

Owner(s) Phone #'s: Day _____ Cell _____ Home _____

Is the Business Alarmed? Yes No Name of Alarm Company _____ Phone # _____

Does Alarm Company have a list of responsible individuals? Yes No

RESPONSIBLE EMPLOYEE(S)

Name: _____ Does the employee have KEY access? Yes No

Address: _____

Phone (s): Office _____ Cell _____ Home _____

YOU MUST NOTIFY THE SHELTON POLICE DEPT. IMMEDIATELY OF ANY CHANGES.

MACECOM CENTER USE: CAD System _____ Date _____

It is unlawful for any person to engage in any business in the city without first having obtained a business license. Neither filing of an application for a business license or payment of any fee shall authorize a person to engage in or conduct a business until a license has been granted.

I HEREBY CERTIFY THE INFORMATION CONTAINED ON THE APPLICATION IS CORRECT.

Applicant's Signature (required) Title Date

Short Form - Survey of Nonresidential Establishments – (Within City Limits)

1. Company Name: _____
2. Telephone Number _____
3. Full Mailing Address _____
of Business Offices: _____
4. Facility address _____ (If different)

5. Name of environmental contact _____ Phone # _____
(Person empowered by the authorized representative to represent the Company in dealings with the Sewer Authority and/or City, or responsible for the proper completion of this survey form.)
6. Primary business category: _____ Narrative description of the types of operations conducted. (Include any activities from which waste water is produced.) _____

7. Unified Business Identification Number (UBI#) _____
8. Is any wastewater other than from domestic use of restrooms, showers, kitchens, or laundry rooms (excludes commercial laundry services) discharged to the sewer, a storm drain, or the ground? Yes No
9. This facility uses _____ cubic feet of water Public Water Supply Private Well Surface Water (give breakdown if more than one source applies) _____
10. This estimated amount of water is used for the following purposes (in Gallons per Day) is: _____
 Non Commercial Domestic Uses (restroom, kitchen, etc.) _____ GPD
 Boilers, Cooling, or other Unpolluted Waster Waters. _____ GPD
 Non-Domestic Activities (not from domestic use of restrooms, showers, kitchens, or laundry rooms.) _____ GPD
 (Describe the activity _____)
11. Wastewater from this facility goes to the: (check all that apply) Sanitary Sewer Storm sewer Ground Open waters, river, ocean Waste haulers Evaporation Other means of disposal
12. Storm water from this facility goes to: (list all discharge methods used) _____
13. Chemicals used or stored on the premises: in drums only in smaller containers no chemicals
14. The facility (does does not) generate dangerous waste (Generator WAD# (if assigned) _____)
15. Materials, chemicals, products, equipments, or wastes (are are not) stored in outside areas.
16. Vehicles or equipment (_____) are are not) wash
17. The facility (_____) water separator does not) have an oil
18. The facility (does does not) have a grease trap. If it does, answer the following: How many? _____
How often is it serviced? weekly monthly semi-annually annually other _____
Who services it? self-serviced contractor: _____
If self-serviced, where does the waste go? _____

I have personally examined and am familiar with the information submitted in this document and attachments. Based upon my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.

Signature of Authorized Representative* _____ Date: _____

Name _____ Phone number (_____) _____

* Surveys must be signed as follows: Corporations, by a principal executive officer of at least the level of vice-president; partnership, by a general partner; sole proprietorship, by the proprietor, (ref 40 CFR 403.12(I))

DISCLOSURE: Title 40 of the Code of Federal Regulations Part 403 Section 403.14 requires information provided in this questionnaire identifying the nature and frequency of discharge to be available to the public without restriction. Requests for confidential treatment of other information shall be governed by procedures specified in 40 CFR part 2 and applicable State Law. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.

INTERNAL USE	Form sent on _____	Received on _____	Form Control # _____
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