MAIL TO:

CITY OF SHORELINE, BUS LICENSES Shoreline Business License Application

17500 Midvale Ave N

Shoreline, WA 98133-4905

Annual License Fee: \$40 (First date of business is Jan 1 to June 30)

Half-Year License Fee: \$20 (First date of business is July 1 to Dec 31)

206-801-2230 clk@shorelinewa.gov

Registered 501C3: \$0

FILL OUT THIS FORM COMPLETELY (INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED)

Check all that apply: In-City Busines		Business	Outside-City Business (Bu			Business located in another city, but enter			ring Shoreline to engage in business)	
	New Bus	ısiness	Ad	dditional Loc	cation	Location Ch	hange	New Ow	nership	Name Change
LEGAL ENTITY NAME							WA S	STATE UBI#		
BUSINESS OR TRADE NAME (DI	3A)						BUSI	INESS PHONE		
PHYSICAL ADDRESS (Street Nu	mber, St	reet, City ,	State, Zip)							
MAILING ADDRESS (Street Num	ıber, Str	eet, City, S	tate, Zip)	Check if	same as	s physical addre	ess			
PRIMARY BUSINESS LICENSE CO	ONTACT	NAME		PHONE			ЕМА	AIL ADDRESS		
PRIMARY TAX CONTACT NAME	Ē			PHONE			EMAI	IL ADDRESS		
EMERGENCY CONTACT (OTHER	THAN A	BOVE OR (OWNER)	PHONE			EMA	AIL ADDRESS		
BUSINESS ENTITY TYPE		CON	MMERCIAL E	BUSINESS		Shore	line H	OME BASED BU	JSINESS	
Individual / Sole Proprie	torship	Corp	poration	Partn	nership	LLC	Non	n-Profit 501	Gover	rnment Entity
COMPANY WEBSITE		FIRST ACT	TIVITY DATE	: IN SHORE	LINE	ESTIMATED GROSS A	ANNUAL IF	NCOME IN SHORELINE	NUMBER OF FUI	JLL-TIME EMPLOYEES AT LOCATION
NATURE OF BUSINESS (CHECK Retail			-Extracting	g	DETAIL	ED DESCRIPTION	ON OF I	PRINCIPAL BUS	INESS ACT	TVITY IN SHORELINE
Service	Gambl	•								
Wholesale	Cable Franchise									
Utility	•									
Printing/Publishing Door to Door Sales	Other	le Food Ve	ndor	_			_			
I hereby swear or affi accurate, true and cor for public inspectior statement may	mplete. n pursua	I acknowl ant to RCV	vledge these W 42.56, th	se stateme he Public F	ents and Records	d information a s Act, and tha	are pu at any i	ublic records th inaccurate, fal	hat may be alse, or inc	e available complete
APPLICANT'S SIGNATURE		Dr	RINT NAM	45				TTLE		

APPLICANT'S SIGNAT	URE PR	INT NAME		TITLE	
E-MAIL	PH	ONE #		DATE SIGNED	
FOR OFFICE USE ONL	Υ				
Date	Amount Paid	Payment Type	NAICS	Application #	

□ *\ □ *	How many custome What is the square for the square	R BUSINESS HAVE ANY OF THE Forms do you expect weekly? footage of the business? exterior modifications? tered as a business within	*WING (*MUST COMPLETE if your business is located in Shoreline)					
CH		OWNER'S LAST NAME	FIRST NAME		E-MAIL			
E C K	SOLE -	SPOUSE'S LAST NAME	FIRST NAME		E-MAIL			
& COMP	PROPRIETOR	OPERATED BY BOTH SPOUSES? Yes No						
	PARTNERSHIP	1ST PARTNER'S LAST NAME		ST NAME	E-MAIL			
		2ND PARTNER'S LAST NAME	FIRST NAME		E-MAIL			
L E		3RD PARTNER'S LAST NAME	FIRST NAME		E-MAIL			
T E		PRESIDENT'S LAST NAME	FIRS	ST NAME	E-MAIL			
N O	CORPORATION OR	VICE PRESIDENT'S LAST NAME	FIRS	ST NAME	E-MAIL			
E	LLC	SECRETARY'S LAST NAME	FIRS	ST NAME	E-MAIL			

Restaurant and Food Handlers are required to submit a copy of their Health Department Certificate with their City of Shoreline Business License Application. (WAC 246-217)

FIRST NAME

E-MAIL

Portable fire extinguishers must be provided, 2A-10BC minimum size. Exact number and placement details can be obtained from Shoreline Fire & Emergency Services, Community Risk Reduction. Annual service required.

Permits may be required from Fire and/or the Building Department and the Water Utility for your proposed use, operation or remodeling.

Annual inspections will be conducted by the Shoreline Fire Department.

Prior to commencing your business, you may be required to meet with the Shoreline Fire Department and/or the City Planning & Community Development team, or the water utility that serves your establishment whether your business will meet all applicable City codes for the type of business proposed.

Providing valid email addresses will ensure electronic communications will be received from the City.

TREASURER'S LAST NAME