



STANDARD BUSINESS LICENSE APPLICATION

[] NEW APPLICATION

[] UPDATE APPLICATION/ADDRESS or OWNER CHANGE

INSTRUCTIONS: PLEASE PRINT

- (a) Answer all questions on page 1 completely.
(b) Answer all questions on either page 2 or 3 completely, depending on the type of business.
(c) On page 4, calculate the total fees due. Total is BASE FEE and FTE FEE.
(d) Return the completed application and all fees due to the Mukilteo City Hall for processing.

BUSINESS TYPE:

- [] GENERAL (Business at a fixed location within City) (page 3)
[] GENERAL NON-RESIDENT (Business which is not occupying a fixed place of operation within the City) (page2)
[] HOME OCCUPATION (Business office/operations located within a Mukilteo residential dwelling) (page 2)

BUSINESS NAME:
STREET ADDRESS:
MAILING ADDRESS:
CITY/STATE/ZIP:
BUSINESS PHONE:
WA STATE TAX (UBI) NO:

FEDERAL TAXPAYER ID/SOCIAL SECURITY NO:

DESCRIBE IN DETAIL YOUR BUSINESS ACTIVIES, PRODUCTS OR SERVICES:

OPENING DATE OF BUSINESS:

KIND OF BUSINESS (Check all that apply):

- [] Retail [] Manufacturing [] Construction Groups [] Real Estate Leasing/Rentals
[] Wholesale [] Services [] Door to Door Solicitation [] Financial/Insurance
[] Other (Specify :)

TYPE OF OWNERSHIP (Check all that apply):

- [] Sole Proprietor [] Partnership [] Corporation [] Association [] LLC [] Non-Profit

Note: Partnerships, Corporations or Associations must provide name, title, address and phone number of all owners/officers. Non-Profit organizations must provide copy of Federal (IRS) or State certification.

OWNERS, PARTNERS, CORPORATE OFFICERS:
HOME ADDRESS:
CITY/STATE/ZIP:
PHONE:
DRIVER'S LICENSE #
STATE: DATE OF BIRTH:

Is business regulated, licensed or certified by any other governmental or professional agency (i.e. Dept. of Labor & Industry, DSHS):

[] NO [] YES If YES, please provide a copy of your current and valid license or certification.

FOR OFFICE USE ONLY

Date Amount Paid BID # LIC #
Receipt # [] Annual [] Quarterly Issued Expires

SECTION I - HOME OCCUPATION

Total square footage of living space in your home: _____

Total square footage of office space or business area used in your home: _____

Number of employees, including sole proprietors: _____

State number of visits and frequency to your home by clients, employees, or commercial vehicles:

Per Day _____ Per Week _____ Per Month _____

Will there be any outside storage of goods, display of materials, or outside activity:

NO YES If, YES, explain: _____

Will business require use of any heavy equipment, power tools, or power sources not common to a residence:

NO YES If, YES, explain: _____

Will there be any conditions such as noise, vibration, smoke, dust, odor, heat, or glare incidental to business activities:

NO YES If, YES, explain: _____

Will you be installing any signage: NO YES If YES, state size, number and location of sign(s):

(END OF HOME OCCUPATION SECTION - PROCEED TO SIGNATURE SECTION)

SECTION II - GENERAL NON-RESIDENT

Will you have any sales offices, contractor shacks, warehouses, distributing plants or storage yards located on premises within the City:

NO YES If, YES, specify location(s):

Number of employees physically soliciting/canvassing on premises within the City: _____

Number of employees performing general/specialty contract services on premises within the City: _____

Will you be installing any signage within the City: NO YES If YES, state size, number and location of sign(s):

(END OF GENERAL NON-RESIDENT SECTION - PROCEED TO SIGNATURE SECTION)

SECTION III - GENERAL BUSINESS

Owner or Landlord of premises in which business is located:

Name: _____
Street Address: _____
City/State/Zip: _____
Phone: (_____) _____

Parking Spaces Specified in Lease: _____ Parking Spaces Available: _____

Square footage (floor area) of business location: _____ No. of employees: _____
(including sole proprietors)

Business hours of operation: _____

Will you be making tenant improvements or installing signage: NO YES
If YES, building permit required – (425) 263-8000

Will you have any sales offices, contractor shacks, warehouses, distributing plants or storage yards on premises located within the City other than the business office location: NO YES
If YES, specify location(s): _____

Will waste material be discharged into the sewer: NO YES
If YES, indicate type (i.e. cooling water, product waste, grease, wash down or floor cleaning, etc.): _____

Will you have any sanitary sewer connections from your production areas other than restrooms: NO YES
If YES, indicate type (i.e. floor drains, sinks, sumps, catch basins, etc.): _____

Will you be storing any flammable or hazardous materials: NO YES
If YES, indicate type: _____

Will you have any vending machines or amusement devices installed at business location: NO YES

Will liquor be served on the premise: NO YES – If yes, State Liquor License # _____

Will there be Gambling activities: NO YES – If yes, State License # _____

EMERGENCY INFORMATION (CONFIDENTIAL)

Please list 2 persons who can respond with keys or can be reached after hours in case of an emergency:

1. Name _____ Phone (after hours) (____) _____

2. Name _____ Phone (after hours) (____) _____

SIGNATURE SECTION - APPLICATION MUST BE SIGNED TO BE PROCESSED

The undersigned hereby certifies that the information provided on this application is true and correct, to the best of his/her knowledge under penalty of perjury under the laws of the State of Washington.

Signature: _____ Date: _____

Print Full Name: _____ Title (if applicable): _____

Please Note: Disclosure of information on this form does not eliminate the requirement to meet City regulations (such as those for proper signage and adequate parking) before business activity commences. Refer also to the separate Information Sheet for assistance with license requirements.

2010 BUSINESS LICENSE FEES (MMC 5.04)

1. BASE APPLICATION FEE

General, Home Occupation, General Non-Resident.....	\$113.50
or	
Day Care facilities (initial application), and Taxi or Vehicle-for-Hire.....	\$120.00
or	
DSHS Adult Family Home Inspection (initial inspection is \$100) with General/Home Occ Fee included, fee is:..... (2003 State of Washington requirement)	\$220.00

All businesses* are subject to the BASE Application Fee plus the following:

2. FTE License Fees for all businesses is **\$0.0228 per Hour for all combined total hours worked in Mukilteo**

Full Time Equivalent (FTE)

The FTE fee is based upon the estimated number of hours all full time and/or part time employees will be working annually within the City of Mukilteo. State Labor & Industries reports may be useful in calculating this fee. Note: sole proprietors are not defined as "employees" themselves unless their hours are included in L&I calculations OR included in any other State or Federal filing.

Example: 10,000 hrs/yr (combined total for owner, full time & part time employees reported to L&I) x .0228 = \$228.00

_____ X **\$0.0228** = \$ _____
 Number of hours to be worked by employees

YOUR LICENSE FEE is 1. plus 2.

1. Base Fee	\$ 113.50
or	\$ 120.00
or	\$ 220.00
2. FTE Fee (quarterly payment option available - see below)	\$ plus _____

TOTAL AMOUNT DUE → \$ _____
(Add Items 1 and 2)

- Additional documentation to verify the accuracy of the information provided regarding the number of FTEs used to calculate the fees may be required by the City.
- * Non-Profit and other businesses defined in MMC 5.04.030 are exempt from all license fees - city application and proof of status required.
- For additional information regarding completion of this application or the quarterly payment option, please contact:
 Business Licensing at (425) 263-8035