



CITY OF ABERDEEN APPLICATION FOR BUSINESS LICENSE

FINANCE DEPARTMENT • 200 E. MARKET ST. • ABERDEEN, WA 98520-5207 • (360) 537-3225

INSTRUCTIONS: (PLEASE READ BEFORE COMPLETING APPLICATION).

1. Complete items 1 through 16 below and sign application.
2. Return completed application with remittance to above address retaining PINK copy for your records.
3. Information provided may be subject to public disclosure (per chapter 42.17 RCW).

DEPARTMENTAL APPROVAL:

FINANCE _____
 PLANNING _____ BLDG _____
 POLICE _____ FIRE _____

| | |
|------------------------|------------------------|
| 1. BUSINESS NAME _____ | 2. OWNER(S) NAME _____ |
|------------------------|------------------------|

| | |
|-------------------------------|-----------------------------------|
| 3. WA STATE TAX / UBI # _____ | 4. OPENING DATE IN ABERDEEN _____ |
|-------------------------------|-----------------------------------|

5. Have you ever operated a business in Aberdeen before? _____ If yes, what was the business name(s)/approx. dates? _____

6. LICENSE TYPE: ANNUAL TEMPORARY

7. TYPE OF BUSINESS: (✓ as many as apply)

| | | |
|---|-------------------------------------|---|
| <input type="checkbox"/> Retail/Wholesale Sales | <input type="checkbox"/> Service | <input type="checkbox"/> Contracting - St. Lic. # _____ |
| <input type="checkbox"/> Manufacturing/Extracting | <input type="checkbox"/> Admissions | <input type="checkbox"/> Non-profit (Attach proof of IRS tax exempt status) |
| <input type="checkbox"/> Utility | <input type="checkbox"/> Gambling | <input type="checkbox"/> Other _____ |

8. DESCRIBE BUSINESS ACTIVITY: _____

| | |
|---|--|
| 9. PHYSICAL BUSINESS LOCATION BUSINESS PHONE # (_____) _____ STREET _____ CITY _____ ST _____ ZIP _____ IS THIS ADDRESS YOUR HOME? _____ YES _____ NO _____ | 10. BUSINESS MAILING ADDRESS (IF DIFFERENT THAN PHYSICAL ADDRESS) STREET _____ CITY _____ ST _____ ZIP _____ |
|---|--|

11. CHECK ONE & COMPLETE: SOLE PROPRIETOR (13) PARTNERSHIP (13) CORPORATION / LLC (12)

12. CORPORATIONS / LLC: CORP. / LLC NAME _____ CORP. / LLC PHONE NUMBER (_____) _____
 CORP. / LLC MAILING ADDRESS _____
ATTACH LIST OF CORPORATE OFFICERS / LLC MEMBERS INCLUDING HOME ADDRESS, HOME PHONE #, DATE OF BIRTH, AND DRIVERS LICENSE NUMBER. (NON-WASHINGTON STATE CORPORATIONS ATTACH NAME AND ADDRESS OF LOCAL OR REGISTERED AGENT FOR SERVICE OF PROCESS).

13. SOLE PROPRIETOR & PARTNERSHIPS:

| | |
|---|-------------------------------|
| NAME _____ LAST _____ FIRST _____ M.I. _____ | BIRTHDATE _____ |
| HOME ADDRESS _____ | CITY _____ ST _____ ZIP _____ |
| MAILING ADDRESS _____ | CITY _____ ST _____ ZIP _____ |
| HOME PHONE (_____) _____ | DRIVERS LICENSE # _____ |
| <input type="checkbox"/> Check if Unlisted Phone Number | |

| | |
|---|-------------------------------|
| NAME _____ LAST _____ FIRST _____ M.I. _____ | BIRTHDATE _____ |
| HOME ADDRESS _____ | CITY _____ ST _____ ZIP _____ |
| MAILING ADDRESS _____ | CITY _____ ST _____ ZIP _____ |
| HOME PHONE (_____) _____ | DRIVERS LICENSE # _____ |
| <input type="checkbox"/> Check if Unlisted Phone Number | |

14. EMERGENCY INFORMATION (Person Fire or Police Departments would contact in case of emergency regarding your business.)

1. NAME _____ PH # (_____) _____ 2. NAME _____ PH # (_____) _____

RELATIONSHIP _____ RELATIONSHIP _____

| | | |
|--------------------------------|---------------------------|---------------------------|
| OWNER OF BUILDING _____ | # OF PARKING SPACES _____ | FLAMMABLE MATERIALS _____ |
| PREVIOUS USE OF BUILDING _____ | AVAILABLE _____ | TO BE STORED _____ |

| | |
|--|--|
| 15. APPLICANT SIGNATURE _____ DATE _____ PRINT NAME _____ BUS. PH # (_____) _____ | AMOUNTS PAID: APPLICATION FEE - ANNUAL \$25.00 #2002 \$ _____ APPLICATION FEE - TEMPORARY \$15.00 #2002 \$ _____ TEMPORARY BUSINESS TAX DEPOSIT #2002 \$ _____ GAVE B&O TAX RETURN YES <input type="checkbox"/> DUE DATE _____ |
| DATE PAID _____ TRANS # _____ POSTED _____ | TOTAL AMOUNT PAID \$ _____ |
| LICENSE # _____ SIC _____ MAILED _____ | |
| COMPUTER SETUP _____ | |



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 FINANCE DEPARTMENT
 200 E. MARKET ST.
 ABERDEEN, WA 98520-5207

Telephone: (360) 537-3225
 Fax: (360) 537-5741

NOTICE TO BUSINESSES APPLYING FOR A CITY OF ABERDEEN BUSINESS LICENSE

An Aberdeen Business License is issued under Title 5 of the Aberdeen City code, and does not certify that you have complied with any other City ordinance or code sections. **Each applicant** is responsible for such compliance. Information about City regulations that may affect your ability to operate a business can be obtained from the following departments:

- BUILDING – Building Codes (360) 537-3214
- FIRE – Fire Codes (360) 537-3264
- POLICE – Police (360) 533-4100 Ext. 4411
- PLANNING – Zoning/Home Occupations (360) 537-3226
- LEGAL – City Attorney (360) 537-3233
- FINANCE – Business Licensing & Taxation (360) 537-3225

As a registered business you may also be subject to the following City Taxes: Business and Occupation, Admissions, Gambling, Utility, and/or other licensing requirements. If applicable, a tax return will be mailed quarterly, by ordinary mail, addressed to the address of the company as shown by the records of the Finance Director, or if no such address is shown, to such address as the Director is able to ascertain by reasonable effort. Failure of a person to receive such mailed notice or forms **shall not** release the company from any tax, fees, or penalties thereof. Any amount due and unpaid shall constitute a debt to the City of Aberdeen and may be collected by court proceedings.

If during the course of business you collect Washington State Sales Tax, the city of Aberdeen's location code is 1401 when filing your State Excise Tax return.

I hereby certify that I have read and understand the above document as it pertains to my responsibilities as a business owner.

 SIGNATURE

 SIGNATURE

 BUSINESS NAME

 DATE

 BUSINESS LOCATION

BUSINESS NAME _____ PHONE _____

ADDRESS _____ TYPE _____

**PERSON WITH KEY TO
NOTIFY IN CASE OF EMERGENCY**

NO. 1 _____
NAME

NO. 3 _____
NAME

HOME
PHONE _____

HOME
PHONE _____

NO. 2 _____
NAME

YES NO LOCATION

SAFE _____

HOME
PHONE _____

ALARM _____

NIGHT LIGHT _____