



"Building A Stronger Community TOGETHER"

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

www.Ci.Shelton.Wa.US

Business License Application
\$30.00 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
Mailing Address
Phone Numbers
Email Address
Business Owner

- 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.

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

1. Company Name: _____
3. Full Mailing Address _____
of Business Offices: _____

2. Telephone Number _____
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.) _____

(Describe the activity _____ GPD

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) washed at the premises (if so, wash water goes to _____.)

17. The facility (does does not) have an oil-water separator.

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 # _____