

**CITY OF SHELTON**  
**BUSINESS LICENSE APPLICATION INSTRUCTION SHEET**

525 West Cota Street  
Shelton, WA. 98584  
Telephone (360) 426-4491

**Application Fee: \$25.00**

**GENERAL INSTRUCTIONS:**

1. Complete the attached application. **ANSWER ALL QUESTIONS.** (Indicate “n/a” for those that do not apply, do not leave any questions blank).
2. A non-refundable fee of \$25 payable to the City of Shelton must accompany each business license application. Business Licenses are issued on a calendar year basis (January 1 - December 31) with renewals due January 1<sup>st</sup> of each year.
3. The State of Washington may require you to have a UBI Number. For information or an application form call 1-800-647-7706.
4. Your business must comply with all City regulations. We recommend you verify compliance for zoning, parking, sign and similar regulations (Community & Economic Development (360) 426-9731) and storage of flammable or hazardous materials (Fire Department (360) 426-3348) *prior to* submitting your application.
5. Please do not return the instruction and information sheets; they are for your use.
6. **WE WILL NOT ACCEPT A FAXED COPY OF YOUR APPLICATION,** you must submit the original.

**ADDITIONAL LICENSES:**

1. Contractors must submit a **copy** of their State of Washington contractor’s license number with this business license application. For information call 1-800-647-0982.
2. Additional City of Shelton licenses are required for the following businesses and services: Taxi Cab Driver; Taxi Cab/For Hire Car; Gambling. Contact Financial Services at (360) 426-4491 for information.
3. Food handlers must contact the Mason County Health Department, (360) 427-9670, extension 361 for information regarding a Food Handler’s Permit.
4. Per Section 5.04.030 of the Shelton Municipal Code, all subcontractors are required to obtain a City of Shelton Business License. Contact Community & Economic Development at (360) 426-9731 for information.

**BUSINESSES CONDUCTED OUT OF A RESIDENCE:**

If your business is *conducted out of your residence*, you must complete the Home Occupation Business License Checklist/Application and meet the conditions set forth in the Shelton Municipal Code, Chapter 20.44.180. (See checklist/application attached.)

**BUSINESSES CONDUCTED OUT OF AN EXISTING COMMERCIAL BUILDING:**

If your business is conducted out of an existing commercial building, you must include with your business license application a floor plan (drawn to scale) that indicates the following:

1. Entrance(s)/Exit(s)/Windows.
2. Indicate the type and size of display structures being used and the locations of the structures.

**APPLICATION PROCESS:**

Your application will be routed to various City staff to verify compliance with city regulations. It will take approximately two (2) weeks for processing. Your business should not commence until a valid license has been issued. **PAYMENT OF YOUR NON-REFUNDABLE APPLICATION FEE IS NO GUARANTEE THAT A BUSINESS LICENSE WILL BE ISSUED.** Approved licenses are mailed to business owners. If your application is denied or additional information is needed, you will be contacted by phone or mail.

**BUSINESS AND OCCUPATION TAXES:**

Your business will be subject to a Business and Occupation Tax once your license is issued.

If there is anything else we can do to help, please call. Good Luck in your business venture in Shelton.

**Business License  
Application  
\$25.00 Annual Fee**



*FOR OFFICE USE ONLY*  
FEE \$ \_\_\_\_\_ TR # \_\_\_\_\_  
Rec'd By \_\_\_\_\_ Date \_\_\_\_\_

*Please check one of the following:*

- New Business License    Change in Business Location    Change in Business Ownership    Change in Business Name

*(Please print or type)*

1. Business Name \_\_\_\_\_  
Doing Business As \_\_\_\_\_  
Business Address \_\_\_\_\_

2. Applicant's Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Daytime Phone Number (\_\_\_\_) \_\_\_\_\_ Home Phone Number (\_\_\_\_) \_\_\_\_\_

3. Business Contact Person \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Business Phone Number (\_\_\_\_) \_\_\_\_\_ Home Phone Number (\_\_\_\_) \_\_\_\_\_

4. Property Owner \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Daytime Phone Number (\_\_\_\_) \_\_\_\_\_ Home Phone Number (\_\_\_\_) \_\_\_\_\_

5. Is the business conducted within your home?    Yes    No  
*(If yes, you must complete and submit a separate Home Occupation Business License Permit Application along with this application).*

6. Type of Business *(check one)*  
 Construction    Restaurant/Food Service    Printing/Publishing    Retail Service  
 Manufacturing    Wholesale    Retail Sales    Other

7. Business Organization *(check one)*  
 Sole Proprietor    Partnership    Corporation    LLC  
Is this a Non-Profit organization?    Yes    No  
*If "Yes" attach copy of IRS 501(c)(3) Federal Tax Exemption Certificate.*

8. Washington State UBI# \_\_\_\_\_ *(required)*

9. Washington State Contractor's License # \_\_\_\_\_ *(attach copy of card)*

10. Other Licenses-Type: \_\_\_\_\_ License Number \_\_\_\_\_  
\_\_\_\_\_

11. Number of employees \_\_\_\_\_

12. Specifically describe your business activity (e.g. type of service; type of retail/wholesale; type of goods/products manufactured) Attach additional sheets if necessary to fully explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. List other business locations in Shelton:

Name	Address	Phone
i. _____	_____	(____) _____
ii. _____	_____	(____) _____

14. Opening date of your business and/or activity at this location? \_\_\_\_\_  
*If your business is located in the city limits, a Certificate of Occupancy is required prior to business commencing.*

15. Reporting: A *Business and Occupation Tax* is levied against persons engaged in business within the City of Shelton. You must file a *Business and Occupation Tax Report* even if you had no business activity during the year. Please mark your expected yearly gross receipts. The reporting period will be either annual, quarterly or monthly according to your expected yearly gross receipts. Financial Services will mail you the reporting form before each reporting period:

- \$0 - \$300,000     \$300,001 - \$600,000     \$600,001 +

16. Is your business located within the City of Shelton limits?     Yes     No  
*If NO, sign on page 2 and submit with appropriate fees. If YES, please complete the remainder of this application.*

17. Is this a change in use for the building (e.g.. residence to business)?     Yes     No

18. What business previously occupied this building? \_\_\_\_\_

19. Will you be changing the existing signage?    Yes    No    If yes, a sign permit will be required.

20. Occupancy Type:

- Apartment Building     Office Building     Single Family/Duplex     School  
 Hospital/Nursing Home     Retail     Warehouse     Hotel/Motel  
 Other (please specify) \_\_\_\_\_

21. Fire/Safety:

(i) Do you or will you have a burglar alarm(s)?     Yes     No  
*If yes, indicate type (e.g. audible, silent) \_\_\_\_\_*

(ii) Do you or will you have a fire alarm(s)?     Yes     No  
*If yes, indicate type (e.g. audible, silent) \_\_\_\_\_*

(iii) Do you store flammable or other hazardous materials?     Yes     No  
*If yes, list type and quantity*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

22. Gross square feet of building or tenant space: \_\_\_\_\_ sq.ft.

23. Square feet of restaurant dining room or dining area (if applicable): \_\_\_\_\_ sq.ft.

24. Will you have any sanitary sewer connections from your production area (other than restrooms)?

- Yes     No  
If yes, indicate type:     Floor Drains     Sinks     Sumps  
Other (please specify) \_\_\_\_\_

25. Will waste water (other than restrooms) be discharged into the sewer?     Yes     No

- If yes, indicate type:  
 Cooling Water     Grease     Food Waste     Wash Down/Floor Cleaning     Product Waste



## HOME OCCUPATION REQUIREMENTS

A home occupation must meet the requirements listed below. If your business does not meet all of the requirements, you will need to apply for a Conditional Use Permit. In order to obtain a Conditional Use Permit, applicant must demonstrate to the Hearing Examiner that the mitigation being proposed alleviates the impacts created by not meeting the following requirements. (Please note that all requirements may apply to your business.)

1. The occupation may include such uses as personal, business or professional services, offices and repair shops for household items; however, veterinarian offices and clinics are prohibited, and further, mechanical equipment used in a home occupation shall not be of the nature that is objectionable due to noise, dust, smoke, vibration, odor, or electronic interference.
2. If the occupation is the type in which classes are held or instruction given, there shall be not more than two students allowed in any one class or instruction period.
3. The occupation shall be carried on entirely within a residence by the occupant thereof. There shall be no structural alteration nor any exterior modification of the residence unless otherwise required by law.
4. The occupation shall be conducted in such a manner as to give no outward appearance nor manifest any characteristics of a business, in the ordinary meaning of the term, that would infringe upon the right of the neighboring residents to enjoy a peaceful occupancy of their homes.
5. The area, inclusive of storage space, that is to be devoted to the home occupation shall not be more than twenty-five percent of the main floor of the main building and under no circumstances shall the area be more than three hundred square feet. No home occupation shall be located anywhere but in the main building.
6. No more than one resident or employee, in addition to the owner or operator, may engage in the occupation on the premises.
7. A flat, unlighted sign flush against the building is allowed. Such sign shall not exceed two square feet in area nor shall any side exceed two linear feet. This sign shall state only the name of the occupant and/or the type of occupation.
8. No stock in trade shall be sold or displayed on the premises.
9. If the occupation requires any clients or customers to visit the premises at any time, at least two off-street parking spaces shall be provided in addition to the owner's or operator's parking space.
10. Material or commodities delivered to or from the residence which are of such bulk or quantity as to require regular or frequent delivery by a commercial motor vehicle or trailer, or the parking of customer or clients automobiles in such a manner or frequency as to cause a disturbance or create a traffic hazard shall be prima facie evidence that the occupation has become a primary business and is no longer a home occupation.
11. Once a Conditional Use Permit has been obtained by the owner or operator of a home occupation, such permit is not transferable to another person nor can it apply to any address other than that stated on the permit. (Ord. 1462-1296 § 2 (part), 1996)

**CITY OF SHELTON, PLANNING DEPARTMENT**  
**HOME OCCUPATION BUSINESS LICENSE CHECKLIST**

525 West Cota Street, SHELTON, WA 98584  
TELEPHONE (360) 426-9731

Home occupations are allowed outright in the NR zone if the following conditions are met. If all of the following conditions are not met, home occupations may be approved by Conditional Use Permit if the hearing examiner decides that mitigation alleviates the impact(s) created. Please mark “y” for yes, or “n” for no, as to whether your proposed business meets each of the following criteria:

1. \_\_\_\_ The occupation may include such uses as personal, business or professional services, offices and repair shops for household items; however, veterinarian offices and clinics are prohibited, and further, mechanical equipment used in a home occupation shall not be of the nature that is objectionable due to noise, dust, smoke, vibration, odor, or electronic interference.
2. \_\_\_\_ If the occupation is the type in which classes are held or instruction given, there shall be not more than two students allowed in any one class or instruction period.
3. \_\_\_\_ The occupation shall be carried on entirely within a residence by the occupant thereof. There shall be no structural alteration nor any exterior modification of the residence in order to accommodate the occupation. Entrance to the space devoted to the occupation shall be from within the residence unless otherwise required by law.
4. \_\_\_\_ The occupation shall be conducted in such a manner as to give no outward appearance nor manifest any characteristics of a business, in the ordinary meaning of the term, that would infringe upon the right of the neighboring residents to enjoy a peaceful occupancy of their homes.
5. \_\_\_\_ The area, inclusive of storage space, that is to be devoted to the home occupation shall not be more than twenty-five percent of the main floor of the main building and under no circumstances shall the area be more than three hundred square feet. No home occupation shall be located anywhere but in the main building.
6. \_\_\_\_ No more than one assistant or employee, in addition to the owner or operator, may engage in the occupation on the premises.
7. \_\_\_\_ A flat, unlighted sign flush against the building is allowed. Such sign shall not exceed two square feet in area nor shall any side exceed two linear feet. This sign shall state only the name of the occupant and/or the type of occupation.
8. \_\_\_\_ No stock in trade shall be sold or displayed on the premises.
9. \_\_\_\_ If the occupation requires any clients or customers to visit the premises at any time, at least two off-street parking spaces shall be provided in addition to the owner’s or operator’s parking space.
10. \_\_\_\_ Deliveries shall not cause a disturbance, be of a nuisance, or create a traffic hazard to surrounding properties.
11. \_\_\_\_ Floor plan submitted (including area to be used for home occupation).
12. \_\_\_\_ Plot plan submitted (dimensions of lot, building, parking areas, and signs).

**APPLICATION PROCESS:**

If your proposed business meets all of the above criteria, your business license will be reviewed as any other business license. If you are unable to meet one or more of the criteria, your permit will be routed to the Planning Department, and you will be contacted for any additional necessary information. The home occupation business shall not commence until a valid permit has been issued.

Any questions or comments can be directed to the City of Shelton, (360) 426-9731.



**CITY OF SHELTON**  
**HOME OCCUPATION PERMIT APPLICATION**  
525 West Cota Street  
SHELTON, WA. 98584  
TELEPHONE (360) 426-9731

**INSTRUCTIONS:** All items must be completed or your application will not be accepted. Please print or type. Attach additional paper if needed. Return the completed checklist and application to the City of Shelton. *A Home Occupation Permit is not transferable to other parties or future occupants.*

1. \_\_\_\_\_  
Name of Firm DBA (doing business as)
  
2. \_\_\_\_\_  
Business Address Business Phone
  
3. \_\_\_\_\_  
Contact person for questions Daytime Phone Message Phone
  
4. Specifically describe your business activity: (e.g. business office, catalog sales, off-site installation, professional type services, etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
5. Square feet to be used \_\_\_\_\_ Total square feet of structure \_\_\_\_\_  
*Attach a floor plan showing the area to be used for the Home Occupation Business. YOUR APPLICATION CANNOT BE PROCESSED WITHOUT THIS FLOOR PLAN..*
  
6. Submit a plot plan giving all dimensions of the lot, building, parking areas and any signs. *YOUR APPLICATION CANNOT BE PROCESSED WITHOUT THIS PLOT PLAN.*
  
7. Will the home occupation require any structural changes in the residence? Yes\_\_\_ No\_\_\_ If yes, please describe.  
\_\_\_\_\_  
\_\_\_\_\_
  
8. Estimated number of persons expected to visit the site weekly? \_\_\_\_\_
  
9. Date business to commence \_\_\_\_\_  
*The business (Home Occupation) shall not commence until all requirements of City Departments have been met and a valid permit has been issued.*

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

\_\_\_\_\_  
Applicant's Signature Title Date

**OFFICE USE ONLY**

Date Received: \_\_\_\_\_  
Received By: \_\_\_\_\_

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

1. Company Name: \_\_\_\_\_ 2. Telephone Number \_\_\_\_\_  
3. Full Mailing Address \_\_\_\_\_ 4. Facility address \_\_\_\_\_  
of Business Offices: \_\_\_\_\_ (If different) \_\_\_\_\_  
\_\_\_\_\_
5. Name of environmental contact \_\_\_\_\_ Phone # \_\_\_\_\_ - \_\_\_\_\_  
(Person empowered by the authorized representative to represent the Company in dealings with the City, or responsible for the proper completion of this survey form.)
6. Primary type of Business: \_\_\_\_\_  
Narrative description of the types of operations conducted. (Please identify all activities from which wastewater 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 ft of water  Public Water Supply  Private Well  Surface Water  
(give a breakdown if more than one source applies) \_\_\_\_\_
10. This estimated amount of water used for the following purposes (in Gallons per Day) is: \_\_\_\_\_  
 Non Commercial Domestic Uses (restrooms, kitchen, etc.) \_\_\_\_\_ GPD.  
 Boilers, Cooling, or other Unpolluted Waste Waters \_\_\_\_\_ GPD.  
 Non-Domestic Activities (not from domestic use of restrooms, showers, kitchens, or laundry rooms)  
(Describe the activity) \_\_\_\_\_ GPD.
11. Waste water from this facility goes to the (check all that apply)  Sanitary sewer  Storm sewer  Ground  
 Open waters, rivers, 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, equipment, 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 by the following: 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 part 403.12(l))

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 # \_\_\_\_\_