## CITY OF SEATTLE Revenue and Consumer Affairs

700 5th Avenue, Suite 4250

www.cityofseattle.net/rca/

Seattle, Washington 98124-4214 (206) 684-8484 fax (206) 684-5170

P.O. Box 34214

**CUSTOMER Number** 

OBL. NR	AMT
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## APPLICATION FOR BUSINESS LICENSE Annual Fee \$90.00

email address rca.bizlictx@seattle.gov

The license is for the calendar year, January through December. For a business that opens July 1 or thereafter, the half-year fee is \$45.00\*

The half-year fee does NOT apply to any years prior to 1998. The Seattle business license expires December 31. \*If worldwide annual gross income and/or value of products is estimated as \$20,000 or less, the license fee

iawide annual gross income and/or value of products is estimated as \$20,000 or less, the license

is \$45.00 (\$22.50 for half-year fee).

## PLEASE PRINT OR TYPE - COMPLETE BOTH SIDES OF THE APPLICATION

Your business will be assigned a City of Seattle CUSTOMER NUMBER. Refer to the Customer Number in any future correspondence relating to your license. Let us know if you previously had a Seattle business license. The account will be deemed a reinstatement ONLY if it has been closed for at least 12 months.

Please provide the information in the first section if it is available. The ID numbers are not required to obtain a City of Seattle business license.

State of Washington UBI #	FEIN				
State of Washington Contractor #	City of Seattle Vendor ID # (if applicable)				
Internet Address (if applicable)	S.I.C. Code	(office use only)			
Have you previously had a Seattle Business License? $\Box$ YES $\Box$ NO	N.A.I.C.S. Code	(office use only)			
PLEASE COMPLETE ALL SECTIONS BELOW and the REVERSE SIDE OF THIS FORM PROVIDING the BUSINESS INFORMATION					
TYPE OF BUSINESS (Check ONE) Sole Proprietor Corporation	Partnership     LLC     Other	r			
Is the business a non-profit organization? $\Box$ Yes $\Box$ No (Non-profit organization	is are required to be licensed and file tax re	eturns as all other businesses.)			
LEGAL NAME OF BUSINESS ENTITY					
(If a sole proprietorship, please list your l	egal name, last name first, and include	any middle initial.)			
TRADE NAME or dba (doing business as)					
WHAT IS THE STARTING DATE OF BUSINESS IN SEATTLE? Month	Day	Year			
If the business was operating in Seattle before the current year, pr	ior years' license fees, taxes, penalties	and interest may be due.			
Zoning Limitations - A business license does not authorize the h The location of your business should be indicated below. You must list a physical ac PHYSICAL BUSINESS LOCATION:					
ADDRESS	CITY	STATE ZIP			
IS THIS LOCATION BEING ADDED AS A BRANCH ONLY TO AN EXISTING LICE	INSE? I YES INO				
Mailing address for LICENSE & RENEWAL					
SAME AS ABOVE ADDRESS	CITY	STATE ZIP			
Mailing address for TAX FORMS					
SAME AS ABOVE ADDRESS	CITY	STATE ZIP			
BUSINESS PHONE: - CELLULAR PHONE	FAX	-			
LIST OTHER BUSINESS LOCATIONS IN SEATTLE - Each BRANCH LICENSE FE	E is \$10.00 per year (attach a separate she	eet, if needed).			
TRADE NAME ADDRESS S	EATTLE ZIP CODE TELEPHONE	"Separate" tax reporting status?			
		Yes 🗆 No			
		Yes 🗌 No			

PLEASE COMPLETE THE BACK SIDE OF THE APPLICATION - ALL INFORMATION AND A SIGNATURE IS REQUIRED TO PROCESS

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NATURE OF BUSINESS: Check all that apply and provide detail below. THIS	INFORMATION sh	ould be as detailed as possil	ble.
$\Box$ Manufacturing-Extracting $\Box$ Printing & Publishing $\Box$ Tour Operator $\Box$ Wh	olesale 🗆 Retail	🗆 Service 🗆 Transportatio	n 🗆 Other
$\Box$ Utility Services (telephone services, pager services, cable television franchis	e) 🛛 Charging A	dmission for Events/Shows	Gambling Activity
DOES YOUR BUSINESS OWN OR OPERATE PRICE SCANNING EQUIPMEN	IT? 🗌 YES		
DESCRIBE IN DETAIL THE PRINCIPAL PRODUCT(s) OR SERVICE(s) REND	)ERED:		
NOTE: Additional licenses or endorsements may be required depending o		-	
NAME(S) OF SOLE PROPRIETOR, PARTNERS, CORPORATE OFFICERS, A           telephone number and date of birth of the sole proprietor or all partners or corpor           NAME AND TITLE           RESIDENCE ADDRESS	orate officers/directo		
<ul> <li>QUARTERLY - Estimated taxable revenue will exceed \$50,000 per</li> <li>ANNUAL - Estimated taxable revenue will be less than \$50,000 per</li> <li>A Business granted ANNUAL reporting status by Revenue and Consur</li> <li>Tax forms are mailed to the last known address - failure to</li> <li>YES My annual worldwide gross income and/or value of pr</li> <li>Should my gross income and/or value of products be</li> <li>I will be responsible for additional license fees.</li> </ul>	<ul> <li>year for entire en mer Affairs must fi receive the form d roducts will be \$20</li> </ul>	tity (no tax due if revenue is le a <i>combined</i> tax return if t oes not preclude the requir 0,000 or less.	s less than \$50,000). there is more than one location. rements to file timely.
IF YOU PURCHASED THIS BUSINESS, DID YOU TAKE OVER		ENTIRE BUSINESS	□ ONLY A PORTION
FORMER OWNER'S NAME CURRENT ADDRESS CITY, S	TATE, ZIP	TELEPHONE	CUSTOMER NUMBER
A SIGNATURE IS REQUIRED IN OR	DER TO PR	OCESS THE APP	LICATION
As applicant, I, certiate that the foregoing is true and correct. All information given is subject to verify that the foregoing is true and correct.			
SIGNATURE		_ DATE	
PLEASE PRINT your NAME			
FEES DUE - MAKE CHECK PAYABLE TO CITY Business License Fee if OPEN date is January 1 - June 30 If \$20,000 or less in worldwide annual gross income Business License Fee if OPEN date is July 1 or later in year If \$20,000 or less in worldwide annual gross income	<u>( OF SEATTL</u> \$ 90.00 \$ 45.00 \$ 45.00 \$ 22.50	E Processed	OR OFFICE USE ONLY Initials Date d by s Mailed
Additional <u>Seattle Locations</u> X <b>\$10.00</b> =	\$	Enforcem	ent
	\$	License #	Issued