

City of Kent Master Business License Application City of Kent Customer Service • 220 Fourth Avenue S. • Kent, WA 98032-5895 253-856-5210 • customerservice@KentWA.gov

Continued on back...

Do you have more than one location within the City of Kent?	BUSINESS INFORMATION	All licenses expire Dece	mber 31. Re-Issue invoice r	mailed end of calendar year.
Trade Name DBA: Physical Address: City: State: ZIP: Mailing Address: City: Phone: WA State UBl#: Individual Partnership LLC Corporation Other Type of Business: (check all that apply) Wholesale Trade Retail Trade Service Manufacturing Construction Govt. Transp/Commun/Util. Finance/Insur/RE Education Health Industry Description of Business Activity: Date when business activity began in Kent: Owner(s)/Officers Name(s): Address: City: State: ZIP: Phone: Estimated Annual Gross Income in Kent (Check the box that applies to your business) \$0 - \$2,000 \$2,001 - \$200,000 \$200,001 - \$1,000,000 More than \$1,000,000 Contact person: Phone: Email: THIS SECTION APPLIES TO BUSINESSES THAT HAVE A PHYSICAL LOCATION WITHIN CITY LIMITS COMMERCIAL BUSINESSES NAICS Code: Do You Share a Location with Another Business? No Yes (if yes, please call C/S at 253-856-5201) If so please list other entity: Will your business engage in selling, giving away, distributing, dispensing, exchanging for anything of value, planting, growing, processing, packaging, storing, or any other act relating to marijuana as that term is defined in RCW 69,50.10* Yes No Do you have more than one location within the City of Kent? Yes No Offices Place List Do Place Spour business require a specialty license (i.e. Applicable if your business has Amusement Devices, Cabaret, or Pool & Billia Tables)? Person Place This section applies to specialty license (i.e. Applicable if your business has Amusement Devices, Cabaret, or Pool & Billia Tables)? Poes your business require a specialty license (i.e. Applicable if your business has Amusement Devices, Cabaret, or Pool & Billia Tables)? Poes please list	Legal Entity Name:			
Physical Address:				
Email:				ZIP:
Email:	Mailing Address:	City:	State:	ZIP:
WA State UBI#: Individual				
□ Individual □ Partnership □ LLC □ Corporation □ Other Type of Business: (check all that apply) □ Wholesale Trade □ Retail Trade □ Service □ Manufacturing □ Construction □ Govt. □ Transp/Commun/Util. □ Finance/Insur/RE □ Education □ Health Industry □ Sales/Mktg. □ Other □ Description of Business Activity: □ Description of Business Activity: □ Date when business activity began in Kent: □ Downer(s)/Officers Name(s): □ Address: □ City: □ State: □ ZIP: □ Phone: □ Email: □ Estimated Annual Gross Income in Kent (Check the box that applies to your business) □ \$0 - \$2,000 □ \$2,001 - \$200,000 □ \$200,001 - \$1,000,000 □ More than \$1,000,000 □ Contact person: □ Phone: □ Email: □ THIS SECTION APPLIES TO BUSINESSES THAT HAVE A PHYSICAL LOCATION WITHIN CITY LIMITS COMMERCIAL BUSINESSES NAICS Code: □ Square Footage: □ Do You Share a Location with Another Business? □ No □ Yes (If yes, please call C/S at 253-856-5201) If so please list other entity: □ Will your business engage in selling, giving away, distributing, dispensing, exchanging for anything of value, planting, growing, processing, packaging, storing, or any other act relating to marijuana as that term is defined in RCW 69,50.10 □ Yes □ No Do you have more than one location within the City of Kent? □ Yes □ No If yes, please list location(s): □ Does your business require a specialty license (i.e. Applicable if your business has Amusement Devices, Cabaret, or Pool & Billiar Tables)? □ Yes □ No If so please list: □ No				
City: State: ZIP: Sales/Mktg. Other				
Date when business activity began in Kent: Downer(s)/Officers Name(s):	🗖 Construction 🗖 Govt. 🗖 Transp.,	/Commun./Util. 🗖 Finance/Insur./RE 🛭	I Education □ H	ealth Industry
Owner(s)/Officers Name(s): Address: City: Email: Estimated Annual Gross Income in Kent (Check the box that applies to your business) \$\\$0 - \\$2,000 \square \\$2,001 - \\$200,000 \square \\$200,001 - \\$1,000,000 \square Hann \\$1,000,000 Contact person: Phone: Email: THIS SECTION APPLIES TO BUSINESSES THAT HAVE A PHYSICAL LOCATION WITHIN CITY LIMITS COMMERCIAL BUSINESSES NAICS Code: Square Footage: Do You Share a Location with Another Business? \square No \square Yes (If yes, please call C/S at 253-856-5201) If so please list other entity: Will your business engage in selling, giving away, distributing, dispensing, exchanging for anything of value, planting, growing, processing, packaging, storing, or any other act relating to marijuana as that term is defined in RCW 69.50.101 Yes \square No Do you have more than one location within the City of Kent? \square Yes \square No If yes, please list location(s): Does your business require a specialty license (i.e. Applicable if your business has Amusement Devices, Cabaret, or Pool & Billian Tables)? \square Yes \square No	Description of Business Activity:			
Address:	Date when business activity began in Kel	nt:		
Estimated Annual Gross Income in Kent (Check the box that applies to your business) \$\textstyle= \frac{1}{2}\textstyle= \frac{1}{2}\text	Owner(s)/Officers Name(s):			
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Tables)? Yes No If so please list:	If yes, please list location(s):			
If so please list: Phone: Phone:	Does your business require a specialty lice Tables)? □ Yes □ No	nse (i.e. Applicable if your business has Amu	sement Devices, Cal	oaret, or Pool & Billiar
Emergency Contact: Phone:	If so please list:			
	Emergency Contact:	Phone:		

Phone: _

COMMERCIAL BUS	INESSES (CON'T)		
Total number of emp	loyees	(Use th	nis number to determ	nine license fee)
Driver's License #			(ł	Kent Businesses only)
Fee Schedule				
NUMBER OF EMPLO	YEES:		OPENING JULY 1	
0-24 Employees			\$199.54	
• •		\$349.54		
. ,		\$549.54		
100 or more employe	ees	\$749.54	\$449.54	
Independent Contrac	ctor	\$101.00	\$51.00 ensed salon or barbe	r shop)
		e 501 (c)3		
Relocation in Kent	No Charge	(New A	pp. req.)	
Prior Kent Address: _				
NON-RESIDENT BU	JSINESS TH	IIS SECTION IS FO	OR BUSINESSES WHICH <u>DO I</u>	NOT HAVE AN OFFICE OR PHYSICAL LOCATION IN THE CITY OF KENT.
Fee Schedule	,	our annual gross inc is is for non-residen	•	are not required to obtain a business license with the City of Kent.
Operating before July	/ 1	\$101.00		
Operating after July 1		\$51.00		
RENTAL HOUSING	BUSINESS	SECTION T	HIS SECTION IS ONLY FOR RI	ENTAL PROPERTIES WHICH CONTAIN TWO OR MORE HOUSING UNITS
Fee Schedule		Openir	ng July 1	
2 to 10 units	\$101.00	\$51.00	A \$13 nor unit Rontal I	Housing Inspection Program (RHIP) fee will be added to your business license
11 to 50 units	\$301.00	\$151.00		
51 and above	\$601.00	\$301.00	or call 253-856-5454.	
Total number of rental	units	_x \$13 = \$	Please include thi	s fee with your licensing payment of \$101, \$301, or \$601
TAX REGISTRATIO	N			
By completing this ap your business activition	'		,	of Kent business and occupation (B&O) tax returns. If eason(s) here:
				oon certain business activities. For tax forms or vision at 253-856-6266.
acknowledge that the stat pursuant to State of Washi	ements and inf ngton RCW 42. ulations and sta	formation furnish 17.260. I underst atutes of the City	hed by me on this applicat tand that issuance of this li y of Kent and State of Wash	ation are true and complete to the best of my knowledge. I also ion are public records and are available for public inspection cense is conditioned upon compliance at all times with all nington. The issuance of this business license does not imply
Signature:			Print Nan	ne:
Title:				Date:
		INCOMPLETE	APPLICATIONS WILL	NOT BE PROCESSED.
FOR OFFICE USE ONLY: BL#			Date Rec'd	Amount Paid



General Business License Information

INFORMATION

1. City of Kent Ordinance #3035 states, "It is unlawful for any person to conduct, operate, engage in or practice any business in the City of Kent without having first obtained a general business license for the current calendar year or unexpired portion of the calendar year, and paying the applicable fee." This applies to all commercial businesses, as well as independent contractors. The operation of two or more businesses at one location will require separate licenses. The penalty for operating without a valid City license is \$500.00. Persons under the age of 18 years are not required to have a business license.

All commercial businesses are required to obtain a Washington State Tax Registration (UBI) number, before applying for the City of Kent's business license. **The Department of Revenue's local office is located at 20819 - 72nd Ave. S., #680 in Kent (Centerpoint Corp. Park), and may be called at 425-656-5100.**

Businesses operated not for profit are exempt from paying a business license fee upon application and submittal of a copy of the business' Internal Revenue's nonprofit determination, 501(c)(3), or the Secretary of State's certificate of Non-Profit status. However, an informational license will be required for each location.

- Zoning/Permits: Please check with the Planning Services Division on zoning and sign information, and the Building Services
 Division on building permits and tenant improvements. The City's Planning Services is located on the first floor in the
 Centennial Building, 400 W. Gowe St. (One building east of City Hall on Gowe St.) Planning Services telephone number is
 (253) 856-5454.
- 3. **Ownership Change:** Licenses are not transferable. A new license is required upon change of ownership, and/or when the primary business being conducted has significantly changed.
- 4. **License Posting:** Business Licenses are to be displayed in a conspicuous location on the premises by the licensee. A separate business license is required for each branch, establishment or location at which business related activity is conducted. An informational license may be allowed for those businesses who use another location for warehousing purposes only. Where offices are not available to display the license, property/business owners or property managers may retain the physical license in their files.
- 5. **Relocation:** When a business relocates to another location **within** the City limits, an updated application must be completed indicating the new information. The business license number remains the same, and there is no charge for this service. An updated license will be issued for the new location.
- 6. **Health Inspections:** Issuance of business licenses to restaurants, espresso carts, wholesale food manufacturers, meat processors and hot tub establishments are contingent upon receipt of satisfactory King County Health Department inspections. Call **(206) 296-4708** to schedule inspections.
- 7. **Initial Fire Department Inspections:** The fee for initial Fire Department inspections for new businesses shall be \$148.54 per application. This does not apply if you are an independent contractor, or have rental property where there are 2 or more units.
- 8. **Renewals:** Invoices are mailed first week of December and payments are due by January 1st. Licenses expire December 31st of each year.
- 9. **Issuance:** Licenses are generally issued weekly. Incomplete applications will be returned.
- 10. **Public Record:** A disclaimer stating the information disclosed on the City of Kent Business License application is considered to be a public record, pursuant to State of Washington RCW 42.17.260.