



## CITY OF FERNDALE

PO Box 936 ~ 2095 Main Street ~ Ferndale, WA 98248

Phone: (360) 685-2386 ~ Fax: (360) 384-1163

### **NON-RESIDENT BUSINESS LICENSE APPLICATION INFORMATION**

**(For businesses with offices located outside Ferndale city limits only)**

#### **\*\*PLEASE RETAIN FOR FUTURE REFERENCE\*\***

Pursuant to Chapter 5.04 of the Ferndale Municipal Code (FMC), it is unlawful to engage in any business, calling, profession, trade, occupation, or activity in the City of Ferndale without first having secured the license to do so. If your place of business is located outside the city and you will be physically coming into the City of Ferndale to conduct business or to call on clients, you will need a City of Ferndale business license. Certain exemptions, found in Chapter 5.04.100 FMC apply.

- To apply for a “NEW” non-resident business license, complete the enclosed application and submit to the Finance Department with the applicable fee(s).
- To “RE-ACTIVATE” an expired business license, with no changes to your application, mail in a check for the appropriate amount with your account number listed on the check.
- Typically, new business license review may take approximately 1-2 weeks, unless other issues arise.
- **For a Unified Business Identifier (UBI) #**, please call the State of Washington/Master Licensing Service 1-800-451-7985 or for generally faster service, apply online at [bls.dor.wa.gov/](http://bls.dor.wa.gov/)
- **For a Federal/EIN#**, please contact the Internal Revenue Service: (800) 829-3676

For additional information regarding business licenses or the review process, please contact Patti Papetti, Deputy Treasurer/Billing Analyst at (360) 685-2386.



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## NON-RESIDENT BUSINESS LICENSE APPLICATION FORM

### FINANCE OFFICE USE ONLY

Date Rec'd. \_\_\_\_\_ Initial \_\_\_\_\_

Amt. Pd. \$ \_\_\_\_\_ Date Pd. \_\_\_\_\_

Paid for \_\_\_\_\_ / \_\_\_\_\_

Receipt. No. \_\_\_\_\_

B.L. Acct. No. \_\_\_\_\_

Issued by \_\_\_\_\_ Date \_\_\_\_\_

### \*\* COMPLETE ALL SECTIONS – PLEASE TYPE OR PRINT CLEARLY\*\*

Business License Renewal (No change in business ownership, name, or location)

Open/Reopen Business

Change in Business Ownership, Name, Location (Circle all applicable)

Other (Specify): \_\_\_\_\_

### DESCRIPTION OF BUSINESS

Business Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

WA State Sales Tax # (UBI#) (**Applicant(s) responsibility to verify, if applicable**) #:

Federal Tax I.D. # (EIN#), Contractors # and/or SSN #

Nature of Business:  Contractor  Retail  Services  Wholesale  Nonprofit  Other \_\_\_\_\_  
(Check all that apply)

Describe **IN DETAIL** the principal product(s) or service(s) rendered: (Attach additional sheet if necessary)

### CHECK ALL (IF ANY) THAT APPLY TO YOUR BUSINESS – ADDITIONAL FEES/REGULATIONS APPLY

- Cabarets (5.04 FMC)       Adult Business License (5.14 FMC)       Pawn broker (5.16 FMC)  
 Peddling/Soliciting (5.20 FMC)       Taxicabs (5.24 FMC)       Amusement Devices (5.32 FMC)  
 Horse Drawn Carriage (6.08 FMC)       Adult Business/Adult Entertainment Establishment (18.72.110 FMC)

### ENTER OWNER/PARTNER/OFFICER INFORMATION – ATTACH ADDITIONAL PAGES IF NECESSARY

Name (First, Middle, Last)	Title	Address	City, State, Zip	Phone #

### IN CASE OF AN EMERGENCY, PLEASE CONTACT

Name \_\_\_\_\_ Title \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

By signing below, I declare that all of the information provided on this form is true and correct to the best of my knowledge and subject to verification with the State of Washington Department of Revenue and/or other agencies. I also acknowledge that I have read the "Information for Business License Applicants" and understand that issuance of a business license in the City of Ferndale may not satisfy all local requirements to commence business. Additional permits, approvals, or fees may be required which may add time to the review process. Business licenses will not be issued until approvals are received from all applicable departments involved in the review.

THE ABOVE INFORMATION MAY BE RELEASED FOR PUBLIC INSPECTION.

Signature \_\_\_\_\_ Title \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

### FOR OFFICE USE ONLY

APPROVED       REJECTED

NOTES:

Initials: \_\_\_\_\_ Title: \_\_\_\_\_