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/

- 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) 384-4269.
** 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)
- Peddling/Soliciting (5.20 FMC)
- Horse Drawn Carriage (6.08 FMC)
- Adult Business License (5.14 FMC)
- Pawn broker (5.16 FMC)
- Taxicabs (5.24 FMC)
- Amusement Devices (5.32 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** [ ]

**Initials:** ________ **Title:** ________________________

**Date Rec’d.:** ___________ **Initial:** ________

**Amt. Pd. $** ___________ **Date Pd.:** ___________

**Paid for ________/__________**

**Receipt. No.:** ____________________________

**B.L. Acct. No.:** ____________________________

**Issued by:** ___________ **Date:** ___________