



**CITY OF FERNDALE**

PO Box 936 ~ 2095 Main Street ~ Ferndale, WA 98248  
 Phone: (360) 685-2386 ~ Fax: (360) 384-1163

**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  
 List Previous Business Name/Location/Owner: \_\_\_\_\_

Home Occupation (attach Home Occupation Permit Application)

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

**DESCRIPTION OF BUSINESS**

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

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

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

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

WA State Sales Tax Number (UBI) (Applicant(s) responsibility to verify, if applicable): \_\_\_\_\_

Federal Tax I.D., EIN, Contractors No. and/or SSN: \_\_\_\_\_

Type of Business:

Sole Proprietorship     Partnership     Corporation     Other \_\_\_\_\_

Nature of Business (Check all that apply):

Contractor     Retail     Services     Wholesale     Nonprofit     Other \_\_\_\_\_

If your business is of industrial or manufacturing nature; Do you anticipate a gross revenue in excess of \$ 500,000 per calendar year?     Yes     No

Business Start Date: \_\_\_\_\_

Number of employees: \_\_\_\_\_     I request that the City of Ferndale refund a portion of my administrative fees, as the business proposed herein will NOT employ more than twenty-five (25) people.  
 (Additional documentation has been attached documenting the maximum number of people who will be employed in this business.)  
 The City reserves the right to request documentation of the number of employees in order to verify if a business is eligible for this program.

If Home Occupation – Number of employees, including family/non-family members: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



