

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_

** COMPLETE ALL SECTIONS**	Amt. Pd. \$	_ Date Pd
PLEASE TYPE OR PRINT CLEARLY □ Business License Renewal (No change in business ownership, name, or location)	Paid for/	
□ Open/Reopen Business	Receipt. No	
☐ Change in: ☐ Business Ownership ☐ Name ☐ Location List Previous Business Name/Location/Owner:	B.L. Acct. No	
☐ Home Occupation (attach Home Occupation Permit Application)	Issued by	Date
□ Other (Specify):		
DESCRIPTION OF BUSINESS		
Business Name:		
Physical Address: City: S	State:	Zip:
Mailing Address: City: S	State:	Zip:
Telephone: () Cell: ()		
WA State Sales Tax Number (UBI) (Applicant(s) responsibility to verify, if app	licable):	
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 □ Nonprof	it □ Other	
If your business is of industrial or manufacturing nature; Do you anticipexcess of \$ 500,000 per calendar year? ☐ Yes ☐ No	ate a gross reve	enue in
Business Start Date:		

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)

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.

DESCRIPTION OF BU	ILDING	3						
Are you the owner of the building?								
Owner Name:	Owner Name: Address: Phone: ()							
Previous business at si	te? □	Yes □ No ((If yes, pleas	e compl	ete informati	on below)		
Name of business:				Natu	ure of Prev	ious Busine	ss:	
Approx. sq. feet of busi	ness:		(If Hor	me Occ	Sq. feet o	f house/area	devoted to busine	ess)
Any Flammable or haza	ardous	materials o	n site? □	Yes (S	Submit a lis	t of material	ls/quantities) □	No
Any physical changes to the building structure or site proposed? □ Yes (Briefly describe) □ No							No	
CHECK ALL (IF ANY) TI APPLY	HAT AP	PLY TO YO	UR BUSINI	ESS – A	ADDITIONA	AL FEES/RE	GULATIONS	
Cabarets (5.04 FMC)		Adult E	Business Lice	ense (5.1	14 FMC)	Pawn brok	er (5.16 FMC)	
Peddling/Soliciting (5.2	•		•	•	-		Devices (5.32 FMC	2)
Horse Drawn Carriage	(6.08 FN	IC)Adult	Business/Adı	ult Enter	rtainment Es	tablishment (1	8.72.110 FMC)	
ENTER OWNER/PARTN	ER/OF	FICER INFO	RMATION	– ATTA	ACH ADDIT	IONAL PAG	ES IF NECESSA	RY
Name (First, Middle, Last)	Title	Address			City, State	e, Zip	Phone #	
IN CASE OF AN EMERG	BENCY,	PLEASE C	ONTACT					
Name			Title		Ph	none # ()	
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.								
THE ABOVE INFORMATION MAY BE RELEASED FOR PUBLIC INSPECTION.								
Signature Title								
Print Name Date								
FOR OFFICE USE ONL	. Y				NOTES:			
Planning Department: Initials: □ APPROVED □ REJECTED Date:		Home Occupation Permit □ Yes □ No						
Parcel No Zoning:		Home Occupation Permit Number:						
Building Department:					NOTES:			
□ APPROVED □ REJE	CTED	Initials:	Date:					
Police Department:					NOTES:			
□ APPROVED □ REJE	CTED	Initials:	Date:					
City Clerk's Department:					NOTES:			
□ APPROVED □ REJE	CTED	Initials:	Date:					