



## CITY OF FERDALE

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

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

### **RESIDENT BUSINESS LICENSE APPLICATION INFORMATION**

**(For businesses physically located inside 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.

- While all business licenses are routed through applicable City Departments for comments prior to approval, **it is strongly advised that you contact the Planning & Building Department at (360) 384-4006 before you apply for a business license** to ensure that your business will be in conformance with City zoning and/or building regulations. Planning & Building staff can inform you as to what potential actions may need to be taken in order to satisfy code requirements. **No business license will be issued until the Planning & Building Department has reviewed it for conformance WITH APPLICABLE REGULATIONS.**
- Businesses involving a new use, change in use, or physical alteration to the building structure or site are likely to be subject to a formal Site Plan Review process to assure that all zoning and building regulations are complied with, and all applicable fees are paid prior to business license issuance. If a Site Plan Review is required, the business license will not be issued until the Site Plan is deemed approved by the Planning & Building Department.
- **Home occupations** are those occupations conducted in a residence which is a conforming use in the zone in which it is located. A Home Occupation Permit Application, obtainable from the Planning & Building Department, must be approved prior to issuance of a business license for a home occupation. Home occupation permits are subject to a public hearing process before the Planning Commission and must meet specific criteria in order to be approved. Permits may be conditioned as deemed appropriate by the Planning Commission in order to mitigate potential impacts to the character and integrity of the surrounding neighborhood. Certain home occupations may be conditionally approved by the Zoning Administrator, depending on the proposed impacts of the business. Contact the Planning & Building Department for more information at (360) 685-2368.
- To apply for a "NEW" 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.
- Business licenses expire at the end of the calendar year in which they were obtained and must be renewed every year. A late-fee will be imposed if business licenses are not renewed by January 31<sup>st</sup> of each calendar year.
- **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 information regarding the business license review/approval process, contact  
Jesse Ashbaugh, Assistant Planner at (360) 685-2368.

For information regarding business licenses issuance or fees contact  
Kasi Ducatte, Deputy Treasurer at (360) 685-2386.



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## 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: (    ) \_\_\_\_\_ Email: \_\_\_\_\_

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: \_\_\_\_\_

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)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DESCRIPTION OF BUILDING**

Are you the owner of the building?  Yes  No (If no, please complete information below)

Owner Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Previous business at site?  Yes  No (If yes, please complete information below)

Name of business: \_\_\_\_\_ Nature of Previous Business: \_\_\_\_\_

Approx. sq. feet of business: \_\_\_\_\_ (If Home Occ. Sq. feet of house/area devoted to business)

Any Flammable or hazardous materials on site?  Yes (Submit a list of materials/quantities)  No

Any physical changes to the building structure or site proposed?  Yes (Briefly describe)  No

**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.

THE ABOVE INFORMATION MAY BE RELEASED FOR PUBLIC INSPECTION.

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

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

**FOR OFFICE USE ONLY**

Planning Department: <input type="checkbox"/> APPROVED <input type="checkbox"/> REJECTED Parcel No. _____ Zoning: _____	Initials: _____ Date: _____	NOTES: Home Occupation Permit <input type="checkbox"/> Yes <input type="checkbox"/> No Home Occupation Permit Number: _____
Building Department: <input type="checkbox"/> APPROVED <input type="checkbox"/> REJECTED	Initials: _____ Date: _____	NOTES:
Police Department: <input type="checkbox"/> APPROVED <input type="checkbox"/> REJECTED	Initials: _____ Date: _____	NOTES:
City Clerk's Department: <input type="checkbox"/> APPROVED <input type="checkbox"/> REJECTED	Initials: _____ Date: _____	NOTES: