



CITY OF FERNDALE

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 Community Development 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. Community Development staff can inform you as to what potential actions may need to be taken to satisfy code requirements. **No business license will be issued until the Community Development 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 or Tenant Improvement 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 or Tenant Improvement review is required, the business license will not be issued until the Site Plan or Tenant Improvement is deemed approved by the Community Development Department.
- 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 31st 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/
- **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.

DESCRIPTION OF BUILDINGAre 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) NoAny physical changes to the building structure or site proposed? Yes (Briefly describe) No

__ Adult Business License (5.14 FMC) __ Adult Business/Adult Entertainment Establishment (18.72.110 FMC)

__ Amusement Devices (5.32 FMC) __ Taxicabs (5.24 FMC) __ Peddling/Soliciting (5.20 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:
Finance Department: <input type="checkbox"/> APPROVED <input type="checkbox"/> REJECTED Initials: _____ Date: _____	NOTES: