

Certification of Exemption from City Business License Requirement



3715 Bridgeport Way W
University Place, WA 98466
PH: (253) 566-5656 FAX: (253) 460-2541

MY BUSINESS MEETS THE FOLLOWING CITY OF UNIVERSITY PLACE BUSINESS LICENSE EXEMPTION.

- BUSINESS WITH GROSS ANNUAL REVENUES OF LESS THAN \$12,000
 • Attach copy of most recent Tax Return form: 1120, 1120-S, 1065, 990 or Schedule C.
- NON-PROFIT ORGANIZATIONS - including but not limited to religious, civic, charitable, benevolent, non-profit, and cultural or youth organizations
 Attach copy of (501) (c) (3) or Form 990.
- ALL SPECIAL EVENTS SPONSORED BY THE CITY, BUT NOT TO INCLUDE PARTICIPATING COMMERCIAL VENDORS.
- BUSINESSES WHICH ARE EXEMPT FROM REGISTRATION ENDORSEMENT UNDER WAC 458-20-101(2)(a).
 Attach supporting documentation.
- ANY INSTRUMENTALITY OF THE UNITED STATES, STATE OF WASHINGTON OR ANY POLITICAL SUBDIVISION THEREOF, WITH RESPECT TO THE EXERCISE OF GOVERNMENTAL FUNCTIONS.
- CASUAL OR ISOLATED SALES MADE BY PERSONS WHO ARE NOT ENGAGED IN THE ON-GOING BUSINESS OF SELLING THE TYPE OF PROPERTY INVOLVED, PROVIDING THAT NOT MORE THAN FOUR SUCH SALES EVENTS ARE MADE DURING ANY TAX YEAR.
- MINORS ENGAGED IN BABYSITTING, DELIVERY OF NEWSPAPERS, LAWN MOWING, CAR WASHING, AND SIMILAR ACTIVITIES.

BUSINESS INFORMATION

BUSINESS NAME:		BUSINESS WASHINGTON STATE UBI #:	
BUSINESS TRADE NAME /DBA:		DESCRIBE BUSINESS PRODUCT/SERVICE:	
BUSINESS OWNER NAME:		BUSINESS OWNER TITLE:	
BUSINESS OWNER STREET ADDRESS:	Phone #:	Cell Phone #:	Fax #:
City, State, Zip:	E-Mail Address:		
BUSINESS MAILING ADDRESS:	City, State, Zip		
Ownership Status: Sole Proprietorship <input type="checkbox"/> Non-Profit <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability <input type="checkbox"/>			

BUSINESS LOCATION INFORMATION

BUSINESS PHYSICAL LOCATION ADDRESS:		Phone #:	Cell Phone #:	Fax #:
City, State, Zip:		E-Mail Address:		
Website:				
Is Physical Location Within the City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is Physical Location Within a Residence? <input type="checkbox"/> Yes <input type="checkbox"/> No	Business Activity: Services <input type="checkbox"/> Retail <input type="checkbox"/> Manufacturing <input type="checkbox"/> Wholesale <input type="checkbox"/>		
Does the Business Perform Peddling/Soliciting Activities in the City? <input type="checkbox"/> Yes* <input type="checkbox"/> No *If yes, a Peddling/Soliciting License is Required.		Professional License #:		
		Number of Employees: (Includes owner and must be at least 1) Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>		

COMPLETE PAGE TWO IF BUSINESS IS LOCATED WITHIN THE CITY LIMITS

I certify the information provided on this form is correct. I understand that any untrue statement is cause for revocation of this application and the subsequent General Business License. I also acknowledge that the information furnished by me becomes public record and is available for public inspection pursuant to City Ordinance No. 20.

Signature:	Date:	PRINTED NAME:	Title:
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COMPLETE THIS PAGE ONLY IF BUSINESS IS LOCATED WITHIN THE CITY LIMITS.

BUILDING PREMISES INFORMATION

Square Footage: <input type="text"/> <hr/> <i>(Space Used to Perform Business and Store or Warehouse Business Materials)</i>	Do you store hazardous or flammable materials? <input type="checkbox"/> Yes* <input type="checkbox"/> No *If yes, List Type (s): <input type="text"/> Quantity: <input type="text"/>
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Parcel Number <input type="text"/> Does the building have automatic fire sprinkler?	<input type="checkbox"/> Yes* <input type="checkbox"/> No *If yes, Monitored By: <input type="text"/>
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PROPERTY OWNER INFORMATION

EMERGENCY CONTACT INFORMATION

PROPERTY OWNER NAME:			EMERGENCY CONTACT NAME:		
Property Owner Street Address:			Emergency Contact Street Address:		
City, State, Zip:			City, State, Zip:		
E-Mail Address:			E-Mail Address:		
Phone #:	Cell Phone #:	Fax #:	Phone #:	Cell Phone #:	Fax #:

OFFICE USE ONLY

Initials: _____ Date: _____	Comments: _____ _____ _____
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APPROVALS

<u>PLANNING</u>	<u>BUILDING</u>	<u>FIRE</u>	<u>Clerk's Office</u>
Name: _____ Date: _____	Name: _____ Date: _____	Name: _____ Date: _____	Name: _____ Date: _____
LICENSE NUMBER:	ISSUED BY:	DATE:	NAICS: