



6000 Main Street SW  
 Lakewood, WA 98499  
 Phone (253) 512-2261  
 Fax (253) 512-2268

# GENERAL BUSINESS LICENSE APPLICATION

**NEW APPLICATION**  
**FEE: \$45.00**

**UPDATE/RENEWAL**  
**FEE: \$45.00**

**This is an APPLICATION ONLY, and NOT a license to conduct business.**

*You must obtain a business license PRIOR to conducting business.*

**ALL LICENSES EXPIRE DECEMBER 31<sup>ST</sup> AND MUST BE RENEWED ANNUALLY**

**FILL OUT THIS FORM IN ITS ENTIRETY**  
**INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED**

**BUSINESS INFORMATION:**

Trade Name or DBA: \_\_\_\_\_ UBI#: \_\_\_\_\_  
 Location/Physical Address: \_\_\_\_\_  
 Mailing Address (if different): \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Number of employees (full & part time): \_\_\_\_\_ Total square footage of business: \_\_\_\_\_  
 Previous occupants of tenant space: \_\_\_\_\_  
 Description of Business: \_\_\_\_\_  
 Leasing Agent/Agency: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Contractor's License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 IRS 501c (3, 4) Registration #: \_\_\_\_\_ FEIN #: \_\_\_\_\_  
 Liquor Control Board License #: \_\_\_\_\_ Gambling #: \_\_\_\_\_

**OWNER/LEGAL ENTITY INFORMATION:** (PLEASE CHECK ONE OF THE FOLLOWING)

Sole Proprietor  Partnership  Corporation  Limited Liability  Non-Profit

**SOLE PROPRIETOR/PARTNERSHIP**

Owner Name: \_\_\_\_\_ Owner Name: \_\_\_\_\_  
 Title: \_\_\_\_\_ Title: \_\_\_\_\_  
 Residence Address: \_\_\_\_\_ Residence Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Contact Phone: \_\_\_\_\_ Contact Phone: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**CORPORATION, LLC, NON-PROFIT**

Corp/LLC/Name: \_\_\_\_\_  
 Officer/Agent/Representative: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact Phone: \_\_\_\_\_  
 Corp/LLC UBI (if different): \_\_\_\_\_

**PLEASE COMPLETE REVERSE SIDE**

**PLEASE ANSWER ALL THE QUESTIONS BELOW**

- Do you intend to erect, re-erect, construct, install, or alter a permanent sign for your business? (If answer is "yes," a sign permit is required.) YES  NO
- Will you be doing any interior or exterior improvements, remodeling (other than painting and carpeting), or changing any signs? (If answer is "yes," a building and/or sewer permits may be required.) YES  NO
- Will any portion of the business (including storage, office, billing, etc.) be conducted from a house or apartment? (If answer is "yes," a home occupation permit is required.) YES  NO
- Do you own or manage eight or more residential lease/rental units (houses, apartments, etc.), attached or detached, in the City of Lakewood? (If answer is "yes," a rental housing application is required.) YES  NO
- Will your business include any automotive activities? (If answer is "yes," a supplemental automotive checklist is required.) YES  NO
- Do you intend to sell used, second-hand, or antique merchandise? (If answer is "yes," a second hand application is required.) YES  NO
- Will your business involve buying, selling, or trading in precious metals, coins, jewelry, antiques, etc.! (If answer is "yes," a pawn shop application is required.) YES  NO
- Will you be soliciting door to door, selling/demonstrating merchandise, setting up appointments, polling, collecting charitable donations or advertising? (If answer is "yes," a solicitor application is required.) YES  NO
- Will your business involve any sales or service of food or alcohol? (If answer is "yes," please go to the Pierce County Health Department.) YES  NO
- Will your business include or permit public dances on the premises? (If answer is "yes," a cabaret or dance hall application is required.) YES  NO
- Will you use, store, handle, or generate hazardous or flammable materials (such as gasoline, solvents, waste oil, or other substances other than normal household or office uses?). YES  NO
- Will you do any welding, cutting, or other highly flammable practices? YES  NO

I (we) the undersigned, declare under the penalties of perjury and the denial of a license or revocation of any license granted, that I (we) am (are) the applicant(s) or authorized representative(s) of the firm making this application and that the answers contained, including any accompanying information have been examined by me (us) and that the information set forth is true, correct, and complete. I authorize the City, its agents and employees to investigate and confirm any statements set forth in this application. I also understand that I am responsible for notifying the business License Division, in writing, of any change in location or mailing address within ten days of the change. All licenses are nontransferable. I understand my place of business must comply with all federal, state, and local codes and ordinances.

\_\_\_\_\_  
Signature of Applicant (owner/partner/corporate officer) Title Date

\_\_\_\_\_  
Application Prepared By (please print) Title Date

**BUSINESS LICENSE - ZONING REVIEW CHECKLIST: (FOR OFFICIAL USE ONLY)**

TAX PARCEL # \_\_\_\_\_ ZONE: \_\_\_\_\_

ZONING USE TYPE: \_\_\_\_\_

PRIMARY PERMITTED USE/AUP/CUP/SEPA: \_\_\_\_\_

TENANT IMPROVEMENT PERMIT REQUIRED: YES  NO

PLANNING APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_