



# CITY OF PORT TOWNSEND

250 Madison Street, Suite 1  
Port Townsend, WA 98368 • (360) 379-4409

## BUSINESS LICENSE APPLICATION

PLEASE TYPE OR PRINT CLEARLY - BE SURE ALL INFORMATION IS COMPLETE

• OFFICIAL USE ONLY •

Business Name \_\_\_\_\_

Business Location \_\_\_\_\_

(Not P. O. Box)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Zoning Designation / Legal Description (required) \_\_\_\_\_

(Give parcel no. if other information is unknown)

Mailing Address \_\_\_\_\_

(If Different)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Bus. Phone ( ) \_\_\_\_\_ Bus. Fax ( ) \_\_\_\_\_

BUSINESS LICENSE NO. \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

TOTAL AMT. PAID \$ \_\_\_\_\_

DATE PAID \_\_\_\_\_

RECEIPT NO. \_\_\_\_\_

APPROVALS:

D.S.D. \_\_\_\_\_

FINANCE \_\_\_\_\_

Describe what you do:

Opening date of business in  
Port Townsend:  
(mo./day/yr.)

Base of operations  
within City limits?  
 Yes  No

Are you operating out of a residence?  Yes  No Number of Employees \_\_\_\_\_

Ownership:  Corporation  Ltd. Liability Company  Partnership  Sole Proprietor  Trust

Type of Business:  Retail  Wholesale  Services  Construction  Printing & Publishing  Miscellaneous

Federal I.D. No. \_\_\_\_\_ WA State UBI No. \_\_\_\_\_

ENTER BELOW NAMES OF OWNERS, PARTNERS, OR CORPORATE OFFICERS • Attach additional page if necessary

Owner Name \_\_\_\_\_ Title \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Owner Name \_\_\_\_\_ Title \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

EMERGENCY CONTACT:

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business square footage: \_\_\_\_\_

Did you purchase an existing business?  Yes  No

This business was formerly operated by: \_\_\_\_\_

Whose present address is: \_\_\_\_\_

Did you take over:  Entire business  Portion thereof

Date of Takeover: \_\_\_\_\_

Annual Fee: \$25.00 (January 1 - December 31)

Partial Fee: \$12.50 (July 1 - December 31)

Temp. Fee: \$12.50 (90 days)

License Fee \$ \_\_\_\_\_

Other Fees (see reverse side) \$ 3.00 record retention fee

Late Fee (see reverse side) \$ \_\_\_\_\_

TOTAL AMOUNT DUE \$ \_\_\_\_\_

PLEASE READ INSTRUCTIONS AND COMPLETE ADDITIONAL  
INFORMATION ON REVERSE SIDE ➡

I hereby certify, under penalty of perjury, that the information contained in this application is true and complete to the best of my knowledge. I agree to comply with all applicable laws and ordinances regulating the operation of this business.

Signature of Owner or Representative \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

RETURN COMPLETED APPLICATION FORM TO ABOVE ADDRESS WITH A CHECK MADE PAYABLE TO THE CITY OF PORT TOWNSEND

## ADDITIONAL LICENSES AND FEES

Please check the following if it applies to your business, and include additional fees with your payment, if applicable.

Dancing, Beer/Wine Sales - Consumption on premises (Class A)	\$25.00 per year	<input type="checkbox"/> Yes	<input type="checkbox"/> No
No dancing, but Beer/Wine Sales - Consumption on premises (Class B)	\$10.00 per year	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Amusement Machines on premises	\$25.00 per machine, per year (prorated at time of issuance)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vending Machines on premises	\$10.00 per machine, per year (prorated at time of issuance)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Master Taxi Cab	\$100 per year; \$10.00 for each add'l taxi cab	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Taxi Cab Driver	\$10.00 per year	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Trailer Park	\$10.00 per year	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Additional Business Locations	\$10.00 each additional location per fiscal year	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## ADDITIONAL BUSINESS LOCATIONS IN PORT TOWNSEND

If your business is conducted in more than one location within the City of Port Townsend, list each plant, factory, store, office or other location below. Give name and address of brokers, warehousemen or other persons representing the taxpayer in this City if no office or warehouse is maintained in the taxpayer's name. Attach additional page if more space is necessary. **The fee for each additional location is \$10.00 per license, per year.**

Business Name	Street Location	Where books are kept
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

## GENERAL INSTRUCTIONS TO APPLICANT

### PLEASE READ CAREFULLY

- **This is the application for your City Business License. The required fee for a business license is \$25.00 per year, which is non-refundable, even if the application is later denied. All licenses are valid for a period of one year, beginning January 1 of each year and expiring the following December 31.**
- The fee for a business license applied for after June 30 shall be \$12.50, which license expires on December 31 of the same year.
- Any person who intends to conduct a business temporarily may apply for a license for a period of 90 days. The fee is \$12.50.
- The business license is not transferable to another person and if any change in ownership occurs, an application must be made for a business license by the new owner. Prompt notification of any changes of address and/or change in ownership is necessary under all conditions.

### BUSINESS & OCCUPATION TAX INFORMATION

- The business and occupation tax is based on gross income of each business engaging in business activities within the City. Prior to the end of each quarter, a tax form will be mailed to you at the mailing address shown on your business license. The tax form is to be used for reporting gross income received by you during the three preceding months (January-February-March, etc.). The tax return must be filed by the due date on the form even if no tax is owed, otherwise a penalty may be imposed.
- There is no tax owed when the yearly taxable amount does not exceed \$20,000.00. However, you are required to complete and file the tax return annually.
- If the tax return is filed after the due date, you must calculate and enter the penalty amount: Up to one month past date due, add 10% of the tax due (minimum \$5.00); over one month and up to two months past date due, add 15% of the tax due (minimum \$5.00); and over two months past date due, add 20% of the tax due (minimum \$5.00).
- If for any reason you fail to receive a tax form, please notify this office by mail or call (360)379-4409. Failure to receive a tax form does not relieve the taxpayer of responsibility for filing the return or paying the tax. All possible assistance will be given to you in the preparation of this return.
- Please make all returns on time and notify this office promptly upon change of address, closing of business, or change of ownership.

### GRACE PERIOD - LATE FEE

If a person who is required to obtain a license fails or neglects to obtain a license within 15 days from the date he or she engages in business in the City, or fails to renew a license previously issued and continues to engage in business, the Finance Director shall collect a penalty of 10% of the annual license fee for each calendar month or portion of a month that the license is delinquent (Ord. 2460-1, 1995).

**PLEASE ANSWER THE FOLLOWING QUESTIONS IF  
the business is located within the City of Port Townsend.**

Briefly describe your business: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is this a new location for an existing business?  Yes  No

What is the total amount of floor area devoted to the business? \_\_\_\_\_ sq. ft.

Do you plan to build any new structures or remodel existing structures for your business?

Yes  No

If yes, do you have a building permit?

Yes  No

Will you have signage for your business?

Yes  No

If yes, contact City Development Services at 379-5095 prior to changing or installing signs.

For Businesses Located in a Residence:

Is this business located within your home?  Yes  No

Is this business located in a detached building (ex: garage)?  Yes  No

Do you have any business customers coming to your home?  Yes  No

If yes, how many per \_\_\_\_\_ day \_\_\_\_\_ per week?

Do you have any non-resident employees coming to your home?  Yes  No

If yes, how many? \_\_\_\_\_

Do you have any business deliveries/pickups made at your home?  Yes  No

If yes, how many per \_\_\_\_\_ day \_\_\_\_\_ per week?

Do you sell any products from your residence?  Yes  No

If yes, how many per \_\_\_\_\_ day \_\_\_\_\_ per week?

What type of product? \_\_\_\_\_

**FOR CITY DSD USE ONLY:**

Home Occupation Permit Required  Yes  No

Sign Permit Required  Yes  No

Building Permit Required  Yes  No

Site Inspection Required  Yes  No

Change of Use? Review Parking, PBID  Yes  No