



Business Registration Packet

We wish to take this opportunity to welcome you and your business to the community.

The City of Federal Way City Code (section 12.05.040) requires that every person doing business within the city limits obtain a city business registration. In addition, certain businesses may also need to obtain specialist licenses if the business activities include bathhouse, pawnbrokers, second-hand dealers, gambling, or if liquor is served on the premises.

In addition if you make \$12K a year or more, collect taxes, report taxes, or are a buyer or processor of specialty wood products you are required to register with the Department of Revenue. To obtain your **Washington State License and U.B.I number**, please contact the Department of Revenue at **1-800-647-7706**, www.dor.wa.gov or visit one of their local branches at:

20819 72nd Ave South #680
Kent, WA 98032
(425) 656-5100

3315 So. 23rd Street #300
Tacoma, WA 98405
(253) 382-2000

City of Federal Way business registration fees are **non-refundable**. Each registration is non-transferable and issued for a specific location. If you change locations please notify the City licensing. If there is a change of ownership, a new business registration application must be submitted. For businesses with multiple locations in Federal Way, a registration is required for each location. **Effective January 1, 2019, per Resolution 18-746, a \$1 IT Technology Fee was implemented on all business license registrations.**

Business Registrations expire December 31st of the year issued. Failure to renew your registration by January 8 of the following year will result in penalties. A renewal notice will be sent to your mailing address in November of each year.

Complete the following sections as they apply to your business application:

<u>Description</u>	<u>Required Sections:</u>	<u>Fee:</u>
Federal Way Business <i>(located within the city)</i>	A, B, C, D, E, H	See Table
Outside Contractor/Non Resident <i>(business is based outside city)</i>	Use Other Application	\$80.00 + \$1 = \$81
Home Occupation <i>(business from residence)</i>	A, B, C, D, E, F, H	\$50.00 + \$1 = \$51
Adult Family Home/In-Home Daycare <i>(additional forms required)</i>	A, B, C, D, E, H	See Table
Temporary Business/Solicitors Permit <i>(90 days)</i>	A, B, C, G, H	\$50.00 + \$1 = \$51
Non-Profit Business Registration <i>(with documentation)</i>	A, B, C, D, E, H	Waived

PLEASE NOTE: *An incomplete application may delay the processing of your registration. Be sure to review your application for accuracy and completeness prior to submittal. The City's acceptance of your application and fee does not constitute approval or authorization to conduct business.*

**Once again, welcome to the community.
 We wish you every success in your business venture.**



BUSINESS REGISTRATION APPLICATION

Federal Way Business

Home Occupation-\$50 + \$1 IT

Temporary - \$50 + \$1 IT

Change of Address

Businesses located within FW

0-10 employees	\$80 + \$1 IT
11-25 employees	\$125 + \$1 IT
26-50 employees	\$250 + \$1 IT
51-100 employees	\$1,500 + \$1 IT
101-500 employees	\$4,500 + \$1 IT
501-1000 employees	\$9,500 + \$1 IT

SECTION A – Business Information - Please complete all information.

Business Name		WA State UBI #			
Business Address (Street/Suite# - Physical Location)					Are you currently occupying this address? Yes No
City		State	Zip	Business Phone #:	
Mailing Address		City	State	Zip	Business Fax #:
Email Address:		Employees in Federal Way (do not include yourself) # _____ Full Time # _____ Part Time			
Is liquor served on the premise? Yes No		State Liquor License #		Are there Gambling activities? Yes No State Gambling License #	

SECTION B – Description of Business – Describe in detail your business activities –including which category - retail, wholesale, or services.

SECTION C – Business Ownership - Attach additional pages if necessary.

Sole Proprietor Partnership Corporation Limited Liability Non-Profit Other

Company Name (As registered with WA State):					
Number of Owners, Partners, or Corporate Officers:			Date Business began or will begin:		
Name:		Title:	Driver License#/State:		Birthdate:
Home Address (Street/PO Box, City, State, Zip)			Telephone Number:		% Owned:
Name:		Title:	Driver License#/State:		Birthdate:
Home Address (Street/PO Box, City, State, Zip)			Telephone Number:		% Owned:
Name of Emergency Notification/Contact:				Telephone No.:	

SECTION D – Business Location - Some improvements to your business may require separate permits. Please contact the Community Development Permit Counter at (253) 835-2607 for more information.

King County Parcel #:		Are you making tenant improvements? Yes No			
Building: <input type="checkbox"/> Single Tenant <input type="checkbox"/> MultiTenant		Floor Space Used for Business (Sq. Ft.):		Name of Business Center (if applicable):	
Does building/premise have a security alarm system? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, monitored by:		City alarm registration no.:	

SECTION E - Hazardous Materials - Required by the City of Federal Way and Fire Department.

Does your facility currently report to the Federal Way Fire Department under Sara Title III? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your facility currently use or store flammable materials? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list.	
What types of hazardous materials and /or waste are used, stored, handled, processed, or generated by your business? If additional space is needed, please attach a separate sheet(s) of paper.	
What quantity (in gallons) of the above substance is stored on site at any given time? (Excluding consumer commodities for household use packaged in quantities of less than five (5) gallons)	

SECTION F – Home Occupation – Required by the City if you run the business from your home.

Names all family members who reside at the home and work in the business, include yourself:	Total Floor Space of Residence: _____ sq.ft
Do you have employees who are not a family member residing in the home? Yes No If yes, do any of these employees visit the residence in connection with the business? Yes No **Non resident, non family member employees may not conduct business on this property**	
Will there be any outside storage of goods, display of materials or outside activity? Yes No If Yes, please explain:	
Will the business require the use of heavy equipment, power tools or power sources not common to a residence? Yes No , If Yes, please explain:	
Will there be any pick up or delivery by commercial vehicles ? Yes No If Yes, please explain type and frequency:	
Will there be any visits to the home by clients or delivery services? Yes No If Yes, please explain the number of deliveries expected: per week _____ per month _____	
Are there any conditions produced by the home occupation such as noise, vibration, smoke, dust, odor, heat, or glare which would exceed that normally produced by a single residence, or which could create a disturbing or objectionable condition in a neighborhood? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain type and frequency:	

SECTION G– Temporary Business Activity - Temporary Registrations are granted for a specific period, and are not to exceed 90 days in a calendar year.

Description of Temporary Business/Activity:	
Dates of Temporary Activity:	
Please provide map of area/streets event will take place. Attach additional paperwork if necessary	**Signed Consent of Property Owner is required for approval. Copy of lease agreement is acceptable**

SECTION H – SIGNATURES E-SIGNATURE IS NOT ACCEPTED

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 also understand that I am responsible for notifying the City Clerk, in writing, of any change in location or mailing address within thirty days. All licenses are nontransferable. I understand my place of business must comply with all federal, state, and local codes and ordinances.

X Signature of applicant	Title	Date
Application prepared by	Title	Phone Number

For office use only

Amount Received: \$ _____ Check No.: _____ Date Received: _____

Receipt # _____ Business Registration#: _____ - _____ Date Issued: _____