

Form 700 060

Business Licensing Service
PO Box 9034
Olympia WA 98507-9034
360-705-6741
BLS@dor.wa.gov

City and County Addendum

Complete a Business License Application and a separate City and County Addendum for each physical business location. To complete this form see the City and County Addendum Instructions. An incomplete addendum will cause delays in processing.

For faster service - Apply online

Legal Entity/Owner Name:

Unified Business Identifier (UBI):

1. All city and county endorsement applicants must complete this section

- a. Are you registered with the Washington Secretary of State as a nonprofit corporation? Yes No
- b. Is your organization tax exempt under IRS code 501(c)(3),(4), or (5)? Yes No
If yes, attach a copy of your IRS tax exemption certificate.
- c. Are you general or specialty contractor (construction, plumbing, electrical, and roofing)? Yes No
If yes, provide the Dept. of Labor & Industries Contractor Registration license number (if known):
- d. If you hold a WA State professional/occupational license provide the license type and number.
Type (day care, cosmetology, real estate, etc):
Number (if known):
- e. Do you provide utility service (telephone/cellular/ISP, cable, gas, electric, garbage)? Yes No

2. Complete this section if your business is physically located inside city limits of any city that partners with BLS or in the unincorporated areas of Asotin and Franklin Counties. (Unincorporated areas are not in the city limits of any city in the county.)

- a. Provide the information for the city or county where your business is physically located and the associated fee amount: *For variable fees, see appropriate city or county requirements and fee calculations at dor.wa.gov/CityEndorsements and dor.wa.gov/CountyEndorsements.*

City or county name:

Endorsement fee amount:

Number of full-time employees (at this location):

Total full-time employee fees (if applicable): \$

Number of part-time employees (at this location):

Total part-time employee fees (if applicable): \$

Number of rental units (if applicable):

Total unit fees (if applicable): \$

- b. First date of business in this city or county:

- c. Do you qualify for a fee exemption from this city or county business endorsement? Yes No

- d. Estimated gross annual income for the coming 12 months for this location:

- e. Have you held a business endorsement in this city or county? Yes No
 Prior city or county endorsement # (if known):
- f. Check any of following that can be found at this business location:
 - Automatic smoke detection system or fire sprinkler system installed
 - Any compressed gases (oxygen, helium, acetylene, propane, nitrous oxide, etc.)
 - Discharges to the sewer from the business or business processes other than domestic sanitary discharges
 - Any flammable/hazardous/toxic materials (gasoline, oil, cleaning solvents, pesticides, etc.)
 - Average gallons or pounds kept on premises:
 - Floor drains other than in restroom/shower facilities
 - None of the above

- g. Is the physical address of the business in a residence? Yes No
 If yes, how many customers will be visiting the residence per week?
Some cities or counties have special home occupation regulations, please contact the city or county for more information.

- h. Square footage of floor space used for business activities at this location:

- i. Will you be making any exterior/interior modifications, including signs, to proposed location? Yes No

- j. Give the name and phone number of two after-hours Emergency Contact persons for this business location:

Name (Last, First, Middle):	Phone:
Name (Last, First, Middle):	Phone:

- k. Do you have emergency alarm monitoring service? Yes No
 If yes, provide the following information:
 - Monitoring company:

 - Company contact: Contact phone:

3. Complete this section if your business is NOT physically located inside the city limits or in unincorporated areas of Asotin and Franklin Counties but you will be traveling into or doing business in a city we partner with or in Asotin and Franklin Counties.
 (Unincorporated areas are not in the city limits of any city in the county.)

a. City/county	b. Fee exempt? Yes/No or N/A	c. First date of business	d. Gross income	e. Number of full-time employees	f. Number of part-time employees	g. Full-time employee fee	h. Part-time employee fee	i. Endorsement fee total
			\$			\$	\$	\$
			\$			\$	\$	\$
			\$			\$	\$	\$
			\$			\$	\$	\$
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			\$			\$	\$	\$
			\$			\$	\$	\$

City and County Addendum Instructions

Instructions:

Use this addendum form to apply for the city or county endorsements available through the Business Licensing Service (dor.wa.gov/CityEndorsements or dor.wa.gov/CountyEndorsements). Complete a Business License Application and a separate City and County Addendum form for each of your physical business locations. To make sure your application is processed without delays, complete each section that is applicable to your business.

1. All applicants must complete Section 1 of this addendum form. Directly contact any cities or counties not licensed through the Business Licensing Service to determine their licensing requirements, as they are not part of the combined licensing process. Applicants must complete Section 1 of this addendum form.
2. Complete Section 2 of this addendum to apply for the city or county endorsement for where your business is physically located. This is considered a resident endorsement. For cities this means your business is located inside the city limits. For Asotin and Franklin Counties this means your business is located in the unincorporated area of the county. Provide estimates if the answer is unknown at this time.
 - a. In Section 2 of the Business License Application form, write the name of the city or county you entered in Section 2 of this addendum and that city or county fee amount.
3. Complete Section 3 of this addendum to apply for endorsements with other cities or counties where you will be traveling into or doing business in but have no permanent physical location. This is considered a non-resident endorsement. For cities this means your business is not located in the city limits, but you will be traveling or doing business within one of our partner's city limits. For Asotin and Franklin Counties this means your business is not located in unincorporated areas of the county, but you will be traveling or doing business there.

City and county endorsements must be approved by the city or county before business may begin in that city or county, in accordance with the city's or county's Land Use, Building and Fire codes and ordinances. Contact each city or county directly for more information.

For each city or county in which you will operate as a non-resident business, provide the following information. Provide estimates if the answer is unknown at this time.

Column a, write the name of the city or county.

Column b, if the city or county provides a no-fee endorsement, indicate if you qualify for it, 'Yes' or 'No'.
If there is no fee-exempt endorsement in that city or county you may enter N/A.

Column c, provide the date you started or will start conducting business in that city or county.

Column d, estimate your gross annual income for the coming 12 months for this location.

Column e, provide the number of full-time employees you will have working inside that city's limits or unincorporated county areas.

Column f, provide the number of part-time employees you will have working inside that city's limits or unincorporated county areas.

Column g/h, if the city or county charges a fee based on the number of employees (full-time and/or part-time) enter the per-employee fee. If the city charges a base fee in addition to other fee calculation include it in the total amount entered in column i. If the city does not charge fees by employee leave this column blank.

Column i, if you entered a per-employee fee in column g, multiply that amount by the number of employees listed in column e. If you entered a per-employee fee in column h, multiply that amount by the number of employees in column f. Add the two totals together and enter the result in column i. If the city or county does not charge a per-employee fee, enter the fee amount for the city or county endorsement.

In Section 2 of the Business License Application form, write the city or county name you entered in column 1, and the fee for that city or county you entered in column i.

Form BLS 700 028

Business Licensing Service
PO Box 9034
Olympia WA 98507-9034
360-705-6741

For Validation - Office Use Only



Business License Application

Legal Entity/Owner Name:

Unified Business Identifier (UBI):

For faster service apply online at dor.wa.gov/businesslicense

Online applications are typically processed within ten business days.

It may take up to three weeks if you file by paper.

If you have city, county or state endorsements, it may take an additional 2-3 weeks to receive your business license due to approval time.

Processing fee instructions:

A Business License Application processing fee is required for each application received in addition to applicable endorsement or trade name fees. See below to determine the processing fee.

Open/reopen a business - \$50 (non-refundable)

If you are opening the first location of a new business/UBI or re-opening a business/UBI that has no active locations, enter \$50 in the Processing fee box in the Endorsement and fee section. No other processing fee is required.

Adding an additional location - \$0

If you are adding an additional location to your current business, enter \$0 in the Processing fee box in the Endorsement and fee section. No processing fee is required.

Adding a city or county Non-Resident Business endorsement to an existing location - \$0

If your business is not physically located inside the city limits or in unincorporated areas of a county but you will be traveling into or doing business with the city's limits or unincorporated areas of a county, a city or county Non-Resident Business endorsement is required. (Unincorporated areas are not in the city limits of any city in the county.) If you are adding a city or county's Non-Resident Business endorsement to an existing location account, enter \$0 in the Processing fee box in the Endorsement and fee section. No processing fee is required.

Any other purpose - \$10 (non-refundable)

If you are filing for any purpose other than those listed above, enter \$10 in the Processing fee box in the Endorsement and fee section. No other processing fee is required.

Examples: Hiring employees, registering a trade name, adding additional endorsements to an existing location, Domestic Employer, etc.

1 Purpose of application *(check all that apply)*

- Open/reopen business
- Open additional location
- Add endorsement to existing location
- Change ownership
- Register trade name
- Change trade name
 - Name(s) to be cancelled:
 - Change location
 - Old address to be changed:
 - Other:

Business has or will have employees

Business has or will have employees under age 18
 If ONLY requesting to add a minor work permit to your account, and this business location has an active Worker's Compensation account with L&I, and there were no business changes since the last Business License Application was filed, complete only sections 2, 3a, 3c, 3d (and 3f for sole proprietors), 5c and 6.

Hire persons to work in or around your home

2 Endorsements and fees

(use the State Endorsement Fee Sheet, city webpage dor.wa.gov/cityendorsements, and county webpage dor.wa.gov/countyendorsements for the information needed to complete this list)

Mark registrations needed (fees are listed on the right)

Tax Registration (DOR)			\$0.00
Do you want a separate tax return for each business?	Yes	No	
Industrial Insurance (Worker's Compensation) - <i>Required if you will have employees</i>			\$0.00
Unemployment Insurance - <i>Required if you will have employees</i>			\$0.00
Minor Work Permit - <i>Required if you will have employees under age 18</i>			\$0.00
New trade name (doing business as):			\$5.00

List additional trade names (\$5 each name) or other endorsements (such as additional state, city or county endorsements):

Trade names and endorsements	Fee
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$
7.	\$

Processing fee: \$

Total amount due: \$

How to pay: Enclose check for total amount due, including the non-refundable processing fee, which must be submitted with this form. Make check payable to Department of Revenue.

3 Owner information

a. Federal Employee Identification Number (FEIN):

b. ***Select an ownership structure** (choose one):

Sole Proprietorship - If married, should spouse's name appear on license? Yes No
(If you answer no, you must still enter the spouse information in section 3f below)

Corporation*	Nonprofit Corporation* (<i>educational, religious, charitable</i>)
Limited Liability Company*	Partnership (# of partners: _____)
Limited Partnership*	Limited Liability Partnership*
Limited Liability Limited Partnership*	Joint Venture

**These ownership structures must contact the Secretary of State office for additional filing requirements.*

Name of Corp., LLC, Partnership, LLP, LLLP, or Joint Venture:

State incorporated/formed:	Year incorporated/formed:				
<table border="0" style="width: 100%;"> <tr> <td style="width: 25%;">Association</td> <td style="width: 25%;">Trust</td> <td style="width: 25%;">Municipality</td> <td style="width: 25%;">Tribal Government</td> </tr> </table>	Association	Trust	Municipality	Tribal Government	
Association	Trust	Municipality	Tribal Government		

Name of Organization:

c. ***Business open date (MM/DD/YY):**

This is the ownership structure's first date of business at this location. Out-of-state businesses should use the first date of operation in WA. If unknown, please estimate date.

d. ***Business location name:**

Is this location inside city limits? Yes No

e. ***Business mailing address:**

City: _____ State: _____ Zip: _____

***Business physical location address. Do not use PO Box or PMB:**

City: _____ State: _____ Zip: _____

f. Business phone number: _____ Email: _____

g. **List all owners and spouses:**

This includes any Sole Proprietor, partners, officers, or LLC members (attach additional pages if needed)

***Name (last, first, middle):**

Title: _____ Home phone: _____ % Owned*: _____

Social Security Number*: _____ Date of birth: _____

Home address:

City: _____ State: _____ Zip: _____

Are you married? Yes No If yes, enter spouse information below.

Spouse name (last, first, middle):

Spouse Social Security Number: _____ Spouse date of birth: _____

Owners and spouses continued...

Name (last, first, middle):

Title: Home phone: % Owned*:

Social Security Number*: Date of birth:

Home address:

City: State: Zip:

Are you married? Yes No If yes, enter spouse information below.

Spouse name (last, first, middle):

Spouse Social Security Number: Spouse date of birth:

Name (last, first, middle):

Title: Home phone: % Owned*:

Social Security Number*: Date of birth:

Home address:

City: State: Zip:

Are you married? Yes No If yes, enter spouse information below.

Spouse name (last, first, middle):

Spouse Social Security Number: Spouse date of birth:

*The Social Security Number, home phone number and percentage owned are required for Sole Proprietors, partners, corporate officers, and LLC members of businesses that will have employees.
(WAC 192-310-010) Not fully completing section "f" will result in application delays.

4 Location/business information

a. Are you an out of state business with no Washington location and have employees or representatives working in Washington?

Employees: Yes No Representatives: Yes No

If yes, provide **one** of their Washington addresses (we will not use this address for mailing purposes):

Business street address:

City: State: Zip:

b. Do you plan to hire independent contractors or people you will report on a 1099 form? Yes No

Check "Independent Contractors" definition at ini.wa.gov/insurance/insurance-requirements/independent-contractors

c. *Provide the estimated gross annual income in Washington (check one):

\$0 - \$12,000 \$12,001 - \$28,000 \$28,001 - \$60,000 \$60,001 - \$100,000 \$100,001 and above

d. Mark the business activities in Washington State (check all that apply):

Wholesale Retail Manufacturing Services

e. *Describe in detail the principal products or services you provide in Washington State:

f. Did you buy, lease, or acquire all or part of an existing business? All Part None

Date bought/leased/acquired (MM/DD/YY):

Prior business name:

Prior owner's name:

Phone:

g. Did you purchase/lease any fixtures or equipment on which you have not paid sales or use tax?

Yes No If yes, indicate purchase or lease price: \$

h. If this business is owned by, controlled by, or affiliated with any other business entity, provide that business entity's name and UBI number.

Entity name:

UBI number:

Entity name:

UBI number:

i. If you are changing your business structure (such as changing from Sole Proprietorship to Corporation) and want the old account closed, provide the UBI number to be closed:

Do you wish to cancel all the trade names registered under the old UBI number? Yes No
You must re-register all trade names you use under the new business structure.

j. Have you ever owned another business? Yes No

If yes, business name:

UBI number:

k. Your bank's name:

Branch:

5 Employment/elective coverage

5a and 5c are required if hiring employees and/or minors.

Employment accounts cannot be established unless you plan to employ persons within the **next 90 days**. If accounts are established, Employment Security and Labor and Industries reports will be required quarterly **even if you have not hired**.

a. * Date of first employment or planned employment at this location (MM/DD/YY):

First date wages paid (MM/DD/YY):

b. Number of persons you employ or plan to employ at this location (do not include owners):

c. * Estimate the number of persons under age 18 (minors) you will employ in the next 12 months and duties they will perform:

Age	Number of employees	Duties to be performed by minors (Check lni.wa.gov/workers-rights/youth-employment/how-to-hire-minors)
16-17		
14-15		
Under 14		

Before checking under age 14, please complete required documents. See publication F700-118-000 at lni.wa.gov/forms-publications/F700-118-000.pdf

d. Check the box that best describes the major operation of your business (**choose one**):

- | | |
|--|--|
| (01) Drywall Operations | (03) Construction/Engrg/Property Mgmt |
| (05) Maritime/Vessels/Longshore | (07) Wood Prod/Stone/Glass & Mining |
| (09) Vehicle Svcs/Transportation | (11) Mfg - Food/Ice/Beverages |
| (13) Retail/Whlsl: Stores & Warehsing | (15) Media/Entertainment/Lodging |
| (02) Logging/Forestry | (04) Temp Help Co/Employee Leasing |
| (06) Electronics/Utilities/Vending Mch | (08) Mfg - Metal/Mach Shops/Millwright |
| (10) Mfg - Chem/Textiles/Paper | (12) Agriculture/Farming |
| (14) Food Svcs/Chore/Asst Lvg/Janitor | (16) I.T./Prof Svcs/Med/Salon/Schools |

e. Describe in detail the activities of your workers. Then estimate the total workers' hours for a 3-month period.
(One full-time worker = 480 total hours for 3 months)

Position and activities	No. of workers	Worker hours (include minors)
Example: Office Staff - reception accounting, data entry	2	960

f. If you have more than one Washington location, how do you wish to receive the following quarterly reports?

Unemployment Insurance: All locations combined Each location separately (multiple reports)

Worker's Compensation: All locations combined Each location separately (multiple reports)

Additional Coverage is available as noted below. (See *Business Endorsement Fee Sheet* for more information.)

g. If you are a Profit Corporation, do you want Unemployment Insurance coverage for corporate officers?

Yes – Go to esd.wa.gov to obtain a Voluntary Election form. This form is required for coverage.

No – The Corporation must inform officers in writing that they are not covered for Unemployment Insurance.

h. Do you want Workers' Compensation coverage for owners (Sole Proprietor, partners, corporate officers, LLC members/managers)? (In an LLC with managers, you may elect to cover those persons who are both members (owners) and managers. In an LLC with members only, you may elect to cover those members.)

Yes – Prior to coverage, Form F213-042-000 is required. This form will be sent to you by the Dept. of Labor & Industries.

No

i. Do you want elective Workers' Compensation coverage for excluded employment?
(See *Business Endorsement Fee Sheet* for descriptions.)

Yes – Prior to coverage, Form F213-112-000 is required. This form will be sent to you by the Dept. of Labor & Industries.

No

6 Signature *(Signature of Sole Proprietor or spouse, partner, corporate officer, or LLC member/manager)*

I declare under the penalties of perjury that:

- I am a governing person or authorized representative of this business making this change; and
- The answers contained, including any accompanying information, have been examined by me and are true, correct, and complete.

I certify that I understand a misrepresentation of fact is cause for rejection of this application or revocation of any license issued.

Signature:

Date:

Application prepared by:

Title:

Phone:

Some agencies provide language assistance. Would you like assistance?

Yes

No

What language?