

### 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.

Unified Business Identifier (UBI):

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1	All a:+a.al aaa+.		:_:	complete this section
	All CITY and COUNTY	<i>i</i> engorsement a	oblicants must	COMPLETE THIS SECTION
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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)? (If yes, attach a copy of your IRS tax exemption certificate.)	Yes	No
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

## 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 <a href="mailto:dor.wa.gov/CityEndorsements">dor.wa.gov/CityEndorsements</a> and <a href="mailto:dor.wa.gov/CountyEndorsements">dor.wa.gov/CountyEndorsements</a>.

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):	\$

To ask about the availability of this publication in an alternate format for the visually impaired, please call 360-705-6705. Teletype (TTY) users may use the WA Relay Service by calling 711.

# City and County Addendum



b.	First date of business in this city or county:				
c.	Do you qualify for a fee exemption from this city or county business endorsen	nent?	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	
f.	Prior city or county endorsement # (if known): 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	e, etc.)			
	Discharges to the sewer from the business or business processes other tha	n domest	ic sanitar	y dischar	ges
	Any flammable/hazardous/toxic materials (gasoline, oil, cleaning solvents	s, pesticid	les, etc.)		
	Average gallons or pounds kept on premises:				
	Floor drains other than in restroom/shower facilities				
	None of the above				
g.	None of the above  Is the physical address of the business in a residence?			Yes	No
g.		ity or coun	ity for mo		-
g. h.	Is the physical address of the business in a residence?  If yes, how many customers will be visiting the residence per week?	ity or cour	ity for mo		-
	Is the physical address of the business in a residence?  If yes, how many customers will be visiting the residence per week?  Some cities or counties have special home occupation regulations, please contact the c				-
h.	Is the physical address of the business in a residence?  If yes, how many customers will be visiting the residence per week?  Some cities or counties have special home occupation regulations, please contact the contact the contact for business activities at this location:	posed lo	cation?	re informa Yes	ntion. No
h. i.	Is the physical address of the business in a residence?  If yes, how many customers will be visiting the residence per week?  Some cities or counties have special home occupation regulations, please contact the contact the contact for business activities at this location:  Will you be making any exterior/interior modifications, including signs, to profive the name and phone number of two after-hours Emergency Contact per signs.	posed lo	cation?	re informa Yes	ntion. No
h. i.	Is the physical address of the business in a residence?  If yes, how many customers will be visiting the residence per week?  Some cities or counties have special home occupation regulations, please contact the contact for the second	posed loo	cation?	re informa Yes	ntion. No
h. i. j.	Is the physical address of the business in a residence?  If yes, how many customers will be visiting the residence per week?  Some cities or counties have special home occupation regulations, please contact the contact for the second	posed loo sons for t hone:	cation?	re informa Yes	ntion. No
h. i. j.	Is the physical address of the business in a residence?  If yes, how many customers will be visiting the residence per week?  Some cities or counties have special home occupation regulations, please contact the contact special home occupation regulations, please contact the contact footage of floor space used for business activities at this location:  Will you be making any exterior/interior modifications, including signs, to profive the name and phone number of two after-hours Emergency Contact per Name (Last, First, Middle):  Ployou have emergency alarm monitoring service?	posed loo sons for t hone:	cation? his busin	re informa Yes ess locat	ntion. No



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.