



CITY OF CHENEY BUSINESS LICENSE APPLICATION

609 2ND STREET, CHENEY, WA 99004

LICENSE No: _____

- NEW BUSINESS RENEWAL (NO CHANGE IN BUSINESS OWNERSHIP, NAME OR LOCATION)
 CHANGE OF OWNERSHIP/NAME/LOCATION (CIRCLE ALL APPLICABLE)

NAME OF BUSINESS			
TYPE OF BUSINESS: (MARK ONLY ONE)	<input type="checkbox"/> AUTO SALES/SERVICE <input type="checkbox"/> BUSINESS/PROF OFFICE <input type="checkbox"/> CHILDCARE <input type="checkbox"/> COMMUN/MEDIA /TECHNOLOGY <input type="checkbox"/> CONTRACTOR: CONCRETE <input type="checkbox"/> CONTRACTOR: CONCRETE /PAVING <input type="checkbox"/> CONTRACTOR: ELECTRICAL <input type="checkbox"/> CONTRACTOR: FENCE <input type="checkbox"/> CONTRACTOR: FIRE PROTECTION <input type="checkbox"/> CONTRACTOR: GENERAL <input type="checkbox"/> CONTRACTOR: MECHANICAL/HVAC	<input type="checkbox"/> CONTRACTOR: PLUMBING <input type="checkbox"/> CONTRACTOR: ROOFING <input type="checkbox"/> CONTRACTOR: SIGN <input type="checkbox"/> CONTRACTOR: OTHER <input type="checkbox"/> FINANCIAL/INSURANCE <input type="checkbox"/> GOVT/SCHOOL <input type="checkbox"/> HAIR/NAILS/FITNESS <input type="checkbox"/> JANITORIAL SVC/SUPPLIES <input type="checkbox"/> LANDSCAPING/LAWN CARE <input type="checkbox"/> MANUFACTURING <input type="checkbox"/> MEDICAL/DENTAL SVCS	<input type="checkbox"/> NON-PROFIT CIVIC/RELIGIOUS <input type="checkbox"/> PET SVCS/VETERINARY <input type="checkbox"/> PROPERTY MGT/RENTAL <input type="checkbox"/> REAL ESTATE <input type="checkbox"/> RESTAURANT/FOOD SVC <input type="checkbox"/> RETAIL <input type="checkbox"/> SERVICE <input type="checkbox"/> WHOLESALE <input type="checkbox"/> OTHER:

BUSINESS DIRECTORY RELEASE: PLEASE LIST MY BUSINESS ON THE CITY OF CHENEY'S WEB SITE AND TOURISM PUBLICATIONS AS FOLLOWS:

DO NOT LIST MY BUSINESS BUSINESS NAME, WEB SITE, EMAIL & PHONE # (NO STREET ADDRESS) INCLUDE STREET ADDRESS
 IF NO BOX IS CHECKED, THE BUSINESS NAME, WEB SITE, EMAIL & PHONE # WILL BE LISTED.
 STREET ADDRESS INFO WILL BE INCLUDED ONLY FOR LOCAL BUSINESSES WITH A FIXED BUSINESS LOCATION WITHIN THE CHENEY CITY LIMITS .

LOCAL (PHYSICAL/STREET) ADDRESS:		OR <input type="checkbox"/> CITY-WIDE (NO FIXED LOCATION WITHIN CITY LIMITS)
IS THIS A RESIDENCE / HOME OCCUPATION? <input type="checkbox"/> YES <input type="checkbox"/> NO		TAX PARCEL #:
MAILING ADDRESS (IF DIFFERENT FROM LOCAL ADDRESS):		
CITY, STATE & ZIP:		
BUSINESS PHONE:	CELL PHONE:	EMAIL ADDRESS:
FOR BUSINESSES WITH FIXED LOCATION INSIDE CHENEY CITY LIMITS ONLY:		
WILL YOU OPERATE THIS BUSINESS AT MORE THAN 1 LOCATION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, HOW MANY? _____ LIST OTHER ADDRESSES:		
CONTRACTOR LICENSE #	EXPIRATION:	WASHINGTON STATE UBI #
PARENT COMPANY NAME & ADDRESS (IF DBA):		
CITY, STATE & ZIP:		
APPLICANT NAME (PLEASE PRINT LEGIBLY):		POSITION WITH COMPANY:
BUSINESS PHONE:	CELL PHONE:	EMAIL ADDRESS:
DESCRIBE IN DETAIL THE PRINCIPAL PRODUCT(S) OR SERVICE(S) RENDERED:		
BUSINESS WEB SITE:		

PLEASE PROVIDE AN EMERGENCY CONTACT TELEPHONE NUMBER AS A PART OF YOUR BUSINESS LICENSE APPLICATION. THIS DATA MAY BE ACCESSED BY THE FIRE DEPARTMENT, POLICE DEPARTMENT, AND/OR THE UTILITIES DEPARTMENTS, TO BE USED IN CASE OF AN EMERGENCY THAT DIRECTLY INVOLVES OR MAY IMPACT YOUR BUSINESS.

LOCAL AFTER-HOURS EMERGENCY CONTACT PHONE:			
NEW APPLICATIONS ONLY: NAME OF BUSINESS PREVIOUSLY AT THIS SITE:			
NEW APPLICATIONS ONLY: NATURE OF BUSINESS PREVIOUSLY AT THIS SITE:			
CHANGE OF USE UNDER INTERNATIONAL BUILDING CODES? <input type="checkbox"/> YES <input type="checkbox"/> NO			VERIFIED BY:
BUILDING CLASSIFICATION: <input type="checkbox"/> BUSINESS <input type="checkbox"/> COMMERCIAL BLDG <input type="checkbox"/> DUPLEX <input type="checkbox"/> EDUCATIONAL (MARK ONE): <input type="checkbox"/> FACTORY <input type="checkbox"/> INSTITUTIONAL <input type="checkbox"/> MULTI-FAMILY RESIDENTIAL <input type="checkbox"/> SINGLE-FAMILY RESIDENTIAL			
IS THIS BUSINESS SHARING SPACE WITH ANOTHER BUSINESS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHO?			
NUMBER OF FULL-TIME EMPLOYEES AT THIS ADDRESS:		NUMBER OF PART-TIME EMPLOYEES:	
BUILDING OCCUPANCY LOAD:		VERIFIED BY:	
USE ZONE:		VERIFIED BY:	
NEW BUSINESS ONLY: PROPOSED BUSINESS OPENING DATE: _____/_____/_____			
WILL THERE BE ANY FLAMMABLE OR HAZARDOUS MATERIALS ON SITE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE PROVIDE LIST OF MATERIALS AND APPROXIMATE QUANTITIES.			
ARE ANY PHYSICAL CHANGES TO THE BUILDING STRUCTURE OR SITE PROPOSED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, BRIEFLY DESCRIBE:			
NAME OF PROPERTY OWNER (IF DIFFERENT):			
OWNER MAILING ADDRESS:			
OWNER BUSINESS PHONE:		EMAIL ADDRESS:	
FEE CALCULATION:	BASIC FEE	30.00	\$30.00
	REDUCED FEE (IF GROSS BUSINESS REVENUES ARE LESS THAN \$12,000 ANNUALLY)	15.00	
	LATE FEE FOR RENEWAL AFTER JAN 31 (ADD 50% OF ORIGINAL FEE, OR \$15.00)		
	TOTAL BUSINESS LICENSE FEES		\$

BY SIGNING BELOW, I DECLARE THAT ALL OF THE INFORMATION PROVIDED ON THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND SUBJECT TO VERIFICATION WITH THE STATE OF WASHINGTON DEPARTMENT OF REVENUE AND/OR OTHER AGENCIES. I ALSO UNDERSTAND THAT ALL BUSINESS LICENSE APPLICATIONS MUST BE REVIEWED BY THE PLANNING, BUILDING & FIRE DEPARTMENTS, AND A SITE VISIT MAY BE SCHEDULED AT THE REQUEST OF ANY OF THESE DEPARTMENTS. ADDITIONAL PERMITS, APPROVALS OR FEES MAY BE REQUIRED. BUSINESS LICENSES WILL NOT BE ISSUED UNTIL APPROVALS ARE RECEIVED FROM ALL APPLICABLE DEPARTMENTS INVOLVED IN THIS REVIEW.

(SIGNATURE OF APPLICANT)	(DATE)	(SIGNATURE OF BUSINESS OWNER)	(DATE)
<i>Office Use Only:</i> Date Received: _____ Received By: _____ Receipt #: _____ Site Visit: _____			