



City of Ferndale  
 2095 Main Street  
 PO Box 936  
 Ferndale, WA 98248  
 (360) 384-4302

# NON-RESIDENT

(For businesses with offices located outside Ferndale city limits only)

## BUSINESS LICENSE APPLICATION

### Information for Business License Applicants

Pursuant to Chapter 5.04 of the Ferndale Municipal Code (FMC), it is unlawful to engage in any business, calling, profession, trade, occupation, or activity in the City of Ferndale without first having secured the license to do so. If your place of business is located outside the city and you will be physically coming into the City of Ferndale to conduct business or to call on clients, you will need a City of Ferndale business license. Certain exemptions, found in Chapter 5.04.100 FMC apply.

Business licenses expire at the end of the calendar year in which they were obtained and must be renewed every year. A renewal notice will be mailed in December yearly. A late-fee will be imposed if business licenses are not renewed by **January 31<sup>st</sup>** of each calendar year. To apply for a business license, complete the enclosed application and submit it to the Finance Department with the applicable fee(s). The \$80 Non-Resident business license fee is prorated based on the month you apply: Please select the appropriate fee for payment.

| JAN   | FEB   | MAR   | APR   | MAY   | JUNE  | JULY  | AUG   | SEPT  | OCT   | NOV   | DEC  |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|------|
| 80.00 | 73.34 | 66.67 | 60.00 | 53.34 | 46.67 | 40.00 | 33.34 | 26.67 | 20.00 | 13.34 | 6.67 |

Typically, business license review takes approximately 1-2 weeks, unless issues arise.

**For a Unified Business Identifier (UBI) #**, please call the State of Washington/Master Licensing Service (360) 664-1400 or for generally faster service, apply online at [www.wa.gov/dol](http://www.wa.gov/dol).

**For a Federal/EIN#**, please contact the Internal Revenue Service: (800) 829-3676

For additional information regarding business licenses or the review process, please contact Terri Eriksson at (360) 384-4302.

(Applicants Information/Please detach before submitting)

# NON-RESIDENT BUSINESS LICENSE APPLICATION FORM

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 2095 Main Street  
 PO Box 936  
 Ferndale, WA 98248  
 (360) 384-4302



**1. (\*) Purpose of Application** (Please **PRINT /TYPE** and complete **ALL** sections)  
 (\*) **REQUIRED INFO - if missing, the application may be rejected.**

|                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Business License Renewal (No change in business ownership, name, or location) |
| <input type="checkbox"/> | Open/Reopen Business  |
| <input type="checkbox"/> | Change in Business Ownership, Name, Location (Circle all applicable)          |
| <input type="checkbox"/> | Other (Specify):  |

**2. (\*) Description of Business**

|   |           |        |      |
|---|-----------|--------|------|
| * Business Name:  |           |        |      |
| * Physical Address:   | City:     | State: | Zip: |
| * Mailing Address:  | City:     | State: | Zip: |
| * Telephone: ( )  | Cell: ( ) |        |      |
| * WA State Sales Tax # (UBI#) (Applicant(s) responsibility to verify, if applicable) #: |           |        |      |
| * Federal Tax I.D. # (EIN#), Contractors # and/or SSN #                                 |           |        |      |

**Nature of Business:** (\*) Check all that apply and provide a detailed description below.

Contractor  Retail  Services  Wholesale  Nonprofit  Other \_\_\_\_\_

|   |  |
|---|--|
| Describe <i><b>IN DETAIL</b></i> the principal product(s) or service(s) rendered: | (attach additional sheet if necessary) |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |

**3. (\*) Owner/Partner/Officer Information**

| Name (First, Middle, Last) | Title | Address | City, State, Zip | Phone # |
|----------------------------|-------|---------|------------------|---------|
|                            |       |         |                  |         |
|                            |       |         |                  |         |

(Provide additional partner/owners on separate paper if necessary)

| (*) (Emergency Contact) |         |
|-------------------------|---------|
| Name                    | Phone # |
| 1                       | ( )     |

**(\*) Does your business involve any of the following?** (check all that apply)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Cabarets (5.04 FMC)             | <input type="checkbox"/> Adult Business License (5.14 FMC)                                | <input type="checkbox"/> Pawn broker (5.16 FMC)       |
| <input type="checkbox"/> Peddling/Soliciting (5.20 FMC)  | <input type="checkbox"/> Taxicabs (5.24 FMC)  | <input type="checkbox"/> Amusement Devices (5.32 FMC) |
| <input type="checkbox"/> Horse Drawn Carriage (6.08 FMC) | <input type="checkbox"/> Adult Business/Adult Entertainment Establishment (18.72.110 FMC) |   |
| <input type="checkbox"/> <b>None of the above</b>        |   |   |

**NOTE: The Ferndale Municipal Code (FMC) imposes special regulations/fees for these activities.**

**4. (\*) Declaration**

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 acknowledge that I have read the "Information for Business License Applicants" and understand that issuance of a business license in the City of Ferndale may not satisfy all local requirements to commence business. Additional permits, approvals, or fees may be required which may add time to the review process. Business licenses will not be issued until approvals are received from all applicable departments involved in the review.

**Signature**

**Date**

Please **PRINT/Type** your name

**Title**

**(For office use only below this point)**

**5. Staff Review/Comments**

|                      |           |
|----------------------|-----------|
| Planning Department: | Initials: |
| Building Department: | Initials: |
| Police Department:   | Initials: |
| City Clerk:          | Initials: |

Date Stamp /Receipt # /Initials

**FEES/PERMIT ISSUANCE**

| Type                             |      | Amount Due | Permit Issuance               |
|----------------------------------|------|------------|-------------------------------|
| Month                            | Year |            | Issued By:                    |
| <input type="checkbox"/> New     |      |            | Date:                         |
| <input type="checkbox"/> Renewal |      |            |                               |
| <input type="checkbox"/> Other   |      |            | City Business License Number: |
| <b>TOTAL AMOUNT PAID →</b>       |      |            |                               |