



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 are obtained. If you have previously been licensed with the City of Ferndale and would like to re-activate your account and nothing has changed on your account, you may send a check with the applicable fee, your account # listed on the check or call with a credit card payment, (a \$7.50 service fee applies) or call Terri Eriksson, Accounting Clerk II with any questions you may have. To apply for a “NEW” non-resident business license, complete the enclosed application and submit to the Finance Department with the applicable fee(s). The Non-Resident business license fee is prorated based on the month you apply: Please select the appropriate fee from the payment box as follows:

JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
84.00	77.00	70.00	63.00	56.00	49.00	42.00	35.00	28.00	21.00	14.00	7.00

Typically, new business license review may take approximately 1-2 weeks, unless other 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.

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, Accounting Clerk II at (360) 685.2355.

(Applicants Information/Please detach before submitting)

NON-RESIDENT BUSINESS LICENSE APPLICATION FORM

City of Ferndale
 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 IN DETAIL 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 #

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(*) 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"/> None of the above | | |

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		City Business License Number:
<input type="checkbox"/> Other		
TOTAL AMOUNT PAID →		