

BUSINESS LICENSE APPLICATION
(For businesses physically located within the city)
All -Non-Resident businesses, please use a different application

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



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, office, work space, work location, or if you or sales agents 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 late-fee will be imposed if business licenses are not renewed by **January 31st of each calendar year. To apply for a business license, complete the application and submit it to the Finance Department along with the applicable fee(s).**

A City business license may not be the only requirement for your business to operate within the City of Ferndale. If your business involves certain activities, such as those listed on the application form, additional requirements may need to be met. Copies of applicable code sections are available, and may be obtained at City Hall for more information regarding specific requirements.

While all business licenses are routed through applicable City Departments for comments prior to approval, **it is strongly advised that you contact the Planning & Building Department at (360) 384-4006 before you apply for a business license** to ensure that your business will be in conformance with City zoning and/or building regulations. Planning & Building staff can inform you as to what potential actions may need to be taken in order to satisfy code requirements. **No business license will be issued until the Planning & Building Department has reviewed it for conformance WITH APPLICABLE REGULATIONS.**

Businesses involving a new use, change in use, or physical alteration to the building structure or site are likely to be subject to a formal Site Plan Review process to assure that all zoning and building regulations are complied with, and all applicable fees are paid prior to business license issuance. If a Site Plan Review is required, the business license will not be issued until the Site Plan is deemed approved by the Planning & Building Department. Typically, business license review takes approximately 1-2 weeks, unless issues arise.

Home occupations are those occupations conducted in a residence which is a conforming use in the zone in which it is located. A Home Occupation Permit Application, obtainable from the Planning & Building Department, must be approved prior to issuance of a business license for a home occupation. Home occupation permits are subject to a public hearing process before the Planning Commission and must meet specific criteria in order to be approved. Permits may be conditioned as deemed appropriate by the Planning Commission in order to mitigate potential impacts to the character and integrity of the surrounding neighborhood. Certain home occupations may be conditionally approved by the Zoning Administrator, depending on the proposed impacts of the business. Contact the Planning & Building Department for more information. (360) 685.2368.

For additional information regarding business licenses, please contact Terri Eriksson at (360) 685.2355, **or the review/approval process** contact Ryan Morrison in the Planning Department at (360) 685.2368.

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 Identification # (EIN #), please contact the Internal Revenue Service: (800) 829-3676

BUSINESS LICENSE APPLICATION FORM

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(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"/> Home Occupation (If business will be operated in a home, you must “additionally” attach a Home Occupation Permit Application when submitted.)
<input type="checkbox"/> Other (Specify):

2. (*) Description of Business

* Business Name:
* Physical Address: City: State: Zip:
* Zoning:
* Parcel #
* Mailing Address: City: State: Zip:
* Telephone: () Cell: ()
* Federal Tax I.D.(EIN#), or Contractors #, or SSN #:
* WA State Sales Tax # (UBI#) (Applicant(s) responsibility to verify, if applicable with the Dept of Revenue) #:
If you do not own the business site/building, supply property owner information below.
* Name:
* Address:
* Telephone: () Cell: ()

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

Manufacturing Industrial Retail Services Wholesale Nonprofit Other _____

Describe IN DETAIL the principal product(s) or service(s) rendered: (attach additional sheet if necessary)

(*) Approximate sq. feet of business: _____ If Home Occ.- sq. footage of house & area devoted to business: _____

(*) Will there be any flammable or hazardous materials on site? Yes No
(If yes, submit list of materials and quantities.)

(*) Are any physical changes to the building structure or site proposed? Briefly describe.

Name of business previously at this site: _____

Nature of business previously at this site: _____

Is this a location change for your business? Yes No

If Yes, where was your business previously located? _____

Do you propose any new signs for this business? Yes No
Briefly describe: _____

(*) Proposed Business starting/opening date: ____/____/____

(*) Industrial or manufacturing nature - Anticipated Gross Revenue in excess of \$500,000 per calendar year Yes No

(*) Number of employees: _____ If Home Occupation-No. of family members and non-family members employed: _____

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

Cabarets (5.04 FMC) Adult Business License (5.14 FMC) Pawn broker (5.16 FMC)
 Peddling/Soliciting (5.20 FMC) Taxicabs (5.24 FMC) Amusement Devices (5.32 FMC)
 Horse Drawn Carriage (6.08 FMC) Adult Business/Adult Entertainment Establishment (18.72.110 FMC)

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

3. (*) Owner/Partner/Officer Information

Type of Business: Sole Proprietorship Partnership Corporation Other _____

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

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

(*) Emergency Notification (For Premise Access in Emergency)	
Name	Phone #
1 _____	()

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" handout and understand that issuance of a business license in the City of Ferndale may not satisfy all local requirements to commence business. All businesses/uses within the City must be reviewed by the Planning, Building and Public Works Departments. 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

5. Staff Review/Comments (For office use only below this point)

Planning Department:	
____ Home Occupation Permit	Initials:
Building Department:	Initials:
Police Department:	Initials:
City Clerk's Department:	Initials:

Date Stamp /Control # /Initials

FEES/PERMIT ISSUANCE

Type	Amount Due	Permit Issuance
Month Year		Issued By:
____ New		Date:
____ Renewal		
____ Home Occupation		City Business License Number:
____ Other		
TOTAL AMOUNT PAID →		