

For City Use Only	
Route Date	
Due Date	

**CITY OF POULSBO BUSINESS LICENSE APPLICATION**  
 19050 Jensen Way NE  
 Post Office Box 98, Poulsbo Washington 98370  
 (360) 779-3901

**Please Print or Type – Complete ALL Portions of the Application**

Please complete both sides of the application and return with the appropriate fee to the City Clerk's office. Licenses are effective January 1<sup>st</sup> through December 31<sup>st</sup> unless otherwise noted and require annual renewal. Correct tax reporting number is **1803**. Building & Sign permits may be required prior to commencing business if any work is done to the space you will be occupying. For permit requirements, please contact the Building Department at (360) 779-3006 or by email at [building@cityofpoulsbo.com](mailto:building@cityofpoulsbo.com) for information.

**Business License Application Fees (Please Check One Box)**

<input type="checkbox"/> New Application \$75.00	<input type="checkbox"/> Special Event \$25.00
<input type="checkbox"/> License Renewal \$50.00	Event Dates _____ - _____
<input type="checkbox"/> Pro-Rated Renewal \$25.00 (Must have been previously licensed with the City)	<input type="checkbox"/> Non-Profit -0-
<input type="checkbox"/> Temporary License \$20.00 (non-renewable, valid for 10 days within a 3-month period)	<input type="checkbox"/> New Location -0-
	<input type="checkbox"/> Change of Business Name -0- (not ownership)
	Previous Name _____

**Name of Business** (Print as listed with the Department of Revenue)

**Trade Name or DBA** (Print as you would like it to appear on your license)

**Mailing Address** (address, city, state, zip code)

**Business Location** (address, city, state, zip code)

<b>State of Washington UBI #</b> (REQUIRED to process license)	<b>Professional License #</b> (contractor, cosmetology, etc.) (if applicable)
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<b>Business Phone</b> (include area code) ( )	<b>Cell Phone</b> (include area code) ( )
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<b>Fax</b> (include area code) ( )	<b>Email</b>
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**Date Business Is Commencing**

**Please check and indicate the name of the business, if your business is operated from within an existing business.** For example, some hairstylists operate their own business from within an existing salon.

**Please check if your business is operated from your home and your home is located inside the city limits of Poulsbo.** Home businesses are regulated by the Planning Department; please contact them at (360) 779-3006 to determine if your business requires a Home Occupation Permit (HOP). If a HOP is required, a city business license will also be required.

**If The Business Is Located Within The City Limits, Please Complete This Section**

**Name of Property Owner**

**Property Owner's Address** (address, city, state, zip code)

**Property Owner's Phone Number** (include area code)

<b># of Employees</b>	<b># of Parking Spaces</b>	<b>Square Feet of Floor Space</b>
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<b>Parcel #</b>	<b>Zoning</b>
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<b>Lot Size</b>	<b>Burglar Alarm Yes/No</b>	<b>Fire Alarm Yes/No</b>
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<b>Type of Business</b> (please check one)		
<input type="radio"/> <b>Sole Proprietor</b> <input type="radio"/> <b>Corporation</b> <input type="radio"/> <b>Partnership</b> <input type="radio"/> <b>LLC</b> <input type="radio"/> <b>Other</b>		
<b>Name(s) of Sole Proprietor, Partners, Corporate Officers and business managers (attach additional names/addresses to this form if needed)</b>		
<b>Name &amp; Title</b>	<b>Address</b>	<b>Telephone</b>
<b>Describe in detail the principle service or product of your business</b> (Certain types of businesses will require additional licenses/permits)		
<b>A Signature Is Required In Order To Process The Application</b>		
<b>I certify or declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. All information given is subject to verification with the State of Washington Department of Revenue.</b>		
Signature of Applicant _____		Date _____
Print Name _____		Title _____
<b>For City Use Only</b>		
<b>Receipt Date</b>	<b>Receipt Number</b>	<b>Amount Paid</b>
<b>Date Received By City Clerk</b>	<b>Type Code</b>	<b>Business ID #</b>
<b>Business Is Located within the HDP</b> Yes ___ No ___ <b>Square Footage of Space</b> _____		
<b>Date Approved By Planning Department</b>		
<b>Current Zoning</b> _____		<b>HOP # (if applicable)</b> _____
<b>Reviewed By</b> _____ <b>Date</b> _____		___ <b>Approve</b> ___ <b>Deny</b>
(if not approved, please attach explanation memo)		
<b>Date Approved By Building Department</b>		
<b>New Construction Permit#</b> _____ <b>Tenant Improvement Permit #</b> _____		<b>Occupancy Permit #</b> _____ <b>Occupancy Group</b> _____
<b>Reviewed By</b> _____ <b>Date</b> _____		___ <b>Approve</b> ___ <b>Deny</b>
(if not approved, please attach explanation memo)		
<b>Date Approved By City Clerk</b>		
___ <b>Name Change</b> ___ <b>New Location</b>		
<b>Reviewed By</b> _____ <b>Date</b> _____		___ <b>Approve</b> ___ <b>Deny</b>
(if not approved, please attach explanation memo)		