

BUSINESS LICENSE APPLICATION

City of Chehalis

1321 S Market Blvd
Chehalis, WA 98532
(360) 345-2229

Receipt No.:

Date Paid:

Amount Paid:

License No.:

Code No.:

SIC No.:

Pursuant to Ordinance No. 590-B

License Period: September 1 thru August 31

Department of Revenue Tax Code #2102

Fee must accompany application - Non-Refundable

I. GENERAL LICENSE INFORMATION:

Date of Application: _____

Business Name: _____

Business *Street* Address: _____

Business *Mailing* Address: _____

Business Phone: _____

Type of License Requested (\$35 New; \$15 Renewal; \$25 a Day - Temporary):

New _____ Renewal _____ Temporary _____ (_____ # of days; from _____ to _____)

Type of Business:

Retail _____ Financial Institution _____
Service _____ Real Estate _____
Wholesale _____ Soliciting _____
Manufacturing _____ Other _____

Special Licenses:

Locksmith _____ Hulk Haulers, Scrap Processors _____
Pawnbroker _____ Motor Vehicle Wreckers _____
Alarm System _____ Second Hand Dealer _____
For Hire Vehicle _____ Tow Truck Driver _____

(These licenses have special requirements; see Ordinance 590-B & Form 3A-2 for compliance requirements.)

Home Occupation:

Yes _____ No _____ *(see cmc 17.90 for requirements)*

Description of Business *(Be specific: what is sold; type of service provided; etc.):*

Ownership Status:

Sole Proprietorship _____ Partnership _____ Corporation _____

List Business Owners, Partners, or Officers:

Name	Title	Residence Address	Residence Phone

Residence of Applicant during preceding 5 years *(only necessary if a sole proprietorship):*

Name and Address of Property Owner (copy of the lease or rental agreement pages showing address and owner's signature or separate written consent is required, if not the same as the applicant):

Has the applicant been issued a City of Chehalis business license within the last 12 months?

Yes _____ No _____ If Yes, License Number: _____

- If **Sole Proprietorship**, Social Security Number (confidential): _____
- If **Partnership or Corporation**, Federal ID Number: _____
- Washington State Department of Revenue Number: _____
- Other Federal, State, or Local Business Related Licenses: _____
(contractor's license, beautician's license, day care center license, travel agent license, etc.)

Local Agency/Contact Person (after hours emergencies):

Name	Address	Phone

II. RESPONSE TO THE FOLLOWING QUESTIONS IS NOT REQUIRED, BUT WILL HELP THE CITY PROVIDE SERVICE TO THE BUSINESS/FACILITY:

- Is construction or remodeling to accommodate the business anticipated? Yes ___ No ___
- Would you like the Chehalis Police Department to conduct a security survey and suggest ways to improve the protection of your business? Yes ___ No ___
- Will a tent or temporary structure be used at any time for the business? Yes ___ No ___
- How many off-street (*private*) parking spaces will be provided? _____
- Will hazardous materials be stored/used in association with the business? Yes ___ No ___
- Will aboveground or underground storage tanks for flammable/combustible liquids be used in association with the business? Yes ___ No ___
- Does the facility have any fixed fire protection equipment? Yes ___ No ___
- Does the facility have an alarm system?
What type? Fire ___ Burglary ___ Robbery ___
- Does an elevator serve the facility? Yes ___ No ___
- Does the facility have a grease trap? Yes ___ No ___
- Does the facility have a room larger than 350 square feet that the public can use for meetings, dining, etc.? Yes ___ No ___

III. THE UNDERSIGNED HEREBY APPLIES FOR A CITY OF CHEHALIS BUSINESS LICENSE AND HEREBY CERTIFIES THAT THE INFORMATION SHOWN ON THIS APPLICATION IS FULL AND TRUE TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF:

Printed Name: _____ Title _____

Signature: _____

Telephone Number: () _____ Fax No. () _____

**PAWNBROKERS, SECOND HAND DEALERS & FOR HIRE VEHICLES
PERMIT CONDITIONS/REQUIREMENTS (Form 3A-2)
(Confidential)**

A city business license application and this attachment must be submitted for review and approval by the Police Chief prior to issuance of the business license for Pawnbrokers, Second Hand Dealers, and For Hire Vehicles.

Required supplemental information:

BusinessManager Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Previous Address: _____

City, State, Zip: _____

Phone: _____

Driver's License #: _____

Date of Birth: _____

Social Security #: _____

Pawnbrokers/Second Hand Dealers Only:

Describe the type of merchandise intended to buy and sell:

OFFICE USE ONLY:

BUSINESS APPROVAL AND/OR CONDITIONS

Subject to all the terms, conditions, and provisions written, printed on, or attached to this form, The Chehalis Police Department approves the issuance of a business license to the above applicant to conduct the business activity or use as listed above

Approved By: _____

Date: _____

Conditions:

CITY OF CHEHALIS
SURVEY OF ESTABLISHMENTS USING WATER AND/OR DISCHARGING WASTEWATER

1. Company Name: _____ 2. Phone: _____
3. Mailing Address: _____
4. Facility Address: _____
5. Name of environmental contact person: _____ Phone: _____
(Person empowered/authorized to represent the Company in dealings with the City on water and wastewater issues, or person responsible for the proper completion of this survey form.)
6. Primary type of business: _____ Narrative description of the types of operations conducted.
Please identify all activities from which wastewater is produced: _____
7. This facility uses _____ gallons per day (gpd) of water from:
 Public Water Supply Private Well Reclaimed Water Other: _____
Provide a breakdown if more than one source applies. _____
8. This estimated amount of water used for the following purposes is:
 Non-Commercial Domestic Uses _____gpd
 Boilers, Cooling, or other Unpolluted Wastewaters _____gpd
 Non-Domestic Activities (not from domestic use of restrooms, showers, kitchens, or laundry rooms).
_____gpd. Description of Non-Domestic Activities: _____
9. Wastewater from this facility goes to the: Sanitary Sewer Storm Sewer Ground (drainfields, etc)
 Open Waters, Rivers, Ocean Water Haulers Evaporation Other: _____
10. Storm water from this facility goes to (list discharge method(s) used): _____
11. Chemicals are used and/or stored on the premises in: Drums Small containers No chemicals stored
12. The facility **Does** **Does not** generate dangerous waste: (Generator WAD# _____)
13. Materials, chemicals, products, equipment, or wastes **are** **are not** stored in outside areas.
14. This facility **does** **does not** have an oil-water separator.
15. Vehicles or equipment **are** **are not** washed at the premises. (If so, wash water drains to _____)
16. Is water used for the following? Heat exchangers Solar heating Filling water tanker trucks or trailers
 New water main construction Fire services (sprinklers, etc.) Water Treatment System or Softener
 Irrigation system (landscape or agricultural) Laboratories (biological, chemical, environmental – includes schools & colleges Hospitals/Medical/Dental/Vet. clinics, nursing home, etc. Farm
17. Does this facility exceed three (3) stories or thirty-three (33) feet in height above water main? Yes No

I have personally examined and am familiar with the information submitted in this document and attachments. Based upon my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitted false information, including the possibility of fine and/or imprisonment.

Signature of Authorized Representative* _____ **Date:** _____

Print Name: _____ **Phone** _____

*Surveys must be signed as follows: Corporations, by a principal executive officer of at least the level of vice-president; Partnership, by a general partner; Sole Proprietorship, by the proprietor (ref. 40 CFR part 403.12(1))

DISCLOSURE: Title 40 of the Code of Federal Regulations Part 403 Section 403.14 requires information provided in this questionnaire identifying the nature and frequency of discharge to be available to the public without restriction. Requests for confidential treatment of other information shall be governed by procedures specified in 40 CFR part 2 and applicable State Law. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit. Washington State Dept. of Health, Cross Connection Control Regulations, WAC 246-290-490 and Chapter 10 of the Uniform Plumbing Code identify requirements related to the City's Cross Connection Control Program.

Internal Use Only: Account # _____ **Date Provided:** _____ **Date Received:** _____