

**CITY OF CHEHALIS**  
**Department of Revenue Tax Code #2102**  
**1321 S Market Blvd**  
**Chehalis, WA 98532**  
**360-748-6664**

Receipt No.:
Date Paid:
Amount Paid:

License No.:
Code No.:
SIC No.:

APPLICATION FOR CITY BUSINESS LICENSE  
(Pursuant to Ordinance No. 590-B)  
LICENSE PERIOD: **September 1st to August 31st**  
Fee must accompany application - Non-Refundable

**I. GENERAL LICENSE INFORMATION**

Date of Application: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business *Street* Address: \_\_\_\_\_

Business *Mailing* Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Kind of Business:

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

Special Licenses:	For Hire Vehicles _____	Pawnbrokers/Second Hand Dealers _____
	Alarm Operators and /or Operations/Locksmiths _____	Hulk Haulers, Scrap Processors, Motor Vehicle Wreckers, Tow Truck Operators _____

(These licenses have special requirements; refer to Ordinance 590-B for compliance requirements.)

Home Occupation: Yes \_\_\_\_\_ No \_\_\_\_\_

Description of Business (*Give details, i.e., Retail/Wholesale - what is sold; Service - type of service provided; etc.*)

Primary type of business:

Ownership Status:

Sole Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_

List Owners, Partners, or Officers:

Name	Title	Residence Address	Residence Phone

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

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

Type of License Required (**\$35** New, **\$15** Renewal, **\$25** a Day - Temporary):

**New** \_\_\_\_\_ **Renewal** \_\_\_\_\_ **Temporar** \_\_\_\_\_  
**y**

If Temporary, for \_\_\_\_\_ days, from \_\_\_\_\_ to \_\_\_\_\_.

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

Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, License Number: \_\_\_\_\_

If **Sole Proprietorship**, Social Security Number: \_\_\_\_\_

If **Partnership or Corporation**, Federal ID Number: \_\_\_\_\_

Washington State Department of Revenue Number: \_\_\_\_\_

Other Federal, State, or Local Business Related Licenses: \_\_\_\_\_  
(E.G., contractor's license, beautician's license, day care center license, travel agent license, etc.)

**LOCAL AGENT/CONTACT PERSON FOR AFTER-HOURS EMERGENCIES:**

	Name	Address	Telephone Number
1.			
2.			
3.			

II. *While responses to the following questions are not required in order to receive a license, they will help the City provide services to your firm:*

Do you anticipate any construction, remodeling or renovation of building or facility in conjunction with this application?

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 you be using a tent or temporary structure at any time during the year? Yes \_\_\_\_\_ No \_\_\_\_\_

How many off-street (private) parking spaces will you be providing? \_\_\_\_\_

Do you store, use or manufacture any hazardous materials? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have aboveground or underground storage tanks for flammable or combustible liquids?

Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any fixed fire protection equipment? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have an alarm system? Yes \_\_\_\_\_ No \_\_\_\_\_  
What type? Fire \_\_\_\_\_ Burglary \_\_\_\_\_ Robbery \_\_\_\_\_

Do you have an elevator serving the facility? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a grease trap? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you 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. \_\_\_\_\_

To Business License Applicants:

The attached “Survey of Establishments Using Water and/or Discharging Wastewater” is a State-required form that must be filled out to the best of your ability and returned with your business license application.

If this form does not apply to your business, you still need to fill out the top portion, #1 through #6. You can explain why this form is not applicable to you and your business under line #6, sign it at the bottom and return it with your application and payment of \$35.00.

If you have any questions or concerns, please feel free to contact this office at 360-748-6664.

Sincerely,

CITY OF CHEHALIS

Michelle D. White  
Accounting Department

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

1. Company Name \_\_\_\_\_
2. Telephone number \_\_\_\_\_
3. Full Mailing Address \_\_\_\_\_  
of Business Offices \_\_\_\_\_
4. Facility address \_\_\_\_\_  
(if different) \_\_\_\_\_
5. Name of environmental contact \_\_\_\_\_ Phone Number \_\_\_\_\_  
(Person empowered or 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/day of water from  **Public Water Supply**  **Private Well**  **Reclaimed Water**  **Other** (give a breakdown if more than one source applies.)
8. This estimated amount of water used for the following purposes (in gallons per day) 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  
(describe the activities) \_\_\_\_\_
9. Wastewater from this facility goes to the  **Sanitary sewer**  **Storm sewer**  **Ground** (drainfields, etc.)  
 **Open waters, rivers, ocean**  **Waste haulers**  **Evaporation**  **Other means of disposal** -- (check all that apply)
10. Storm water from this facility goes to (list discharge methods used) \_\_\_\_\_
11. Chemicals are used and/or stored on the premises  **in drums**  **only in smaller containers**  **no chemicals stored**
12. The facility  **does**  **does not** generate dangerous waste (Generator WAD# \_\_\_\_\_ (if assigned))
13. Materials, chemicals, products, equipment, or wastes  **are**  **are not** stored in outside areas.
14. The facility  **does**  **does not** have an oil-water separator.
15. Vehicles or equipment  **are**  **are not** washed at the premises. (If so, wash water goes to \_\_\_\_\_)
16. Is water used for the following?  **Heat exchangers**  **Solar heating**  **Filling water tanker trucks or trailers**  
 **New water main construction**  **Fire services** (sprinkler system etc.)  **Water treatment equipment or softener**  **Irrigation system** (landscape or agricultural)  **Laboratories** (biological, chemical, environmental) – includes schools & colleges  **Hospitals, medical or dental or veterinary clinic, nursing home, mortuary**  **Farm**
17. Does facility exceed 3 stories or 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 submitting false information, including the possibility of fine and/or imprisonment.**

Signature of Authorized Representative\* \_\_\_\_\_ Date \_\_\_\_\_

Name (print) \_\_\_\_\_ Phone number \_\_\_\_\_

\*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 Department 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** Account No. \_\_\_\_\_ Date Provided \_\_\_\_\_ Date Received \_\_\_\_\_

