

## **CITY OF WAITSBURG**

147 Main St., P.O. Box 35  
Waitsburg, WA 99361  
Phone: (509) 337-6371, Fax: (509) 337-8089

### **BUSINESS LICENSE PACKET**

We would like to take this opportunity to welcome you and your business to the community. If you are renewing your business license, we would like to congratulate you on a successful year.

City of Waitsburg Municipal Code 6.10.020 requires that all people wishing to conduct any business within the City of Waitsburg obtain a City business license. Enclosed are the following forms to assist you in this matter:

- Helpful Hints for completing your Business License Packet.
- A Commercial Business License Application form. If this is a new business, please complete and return the form with a \$50.00 application fee. If this is an existing business with no substantial changes in the business, please complete and return the form with a \$20.00 application fee.
- A Contact Sheet. This information will be kept on file should an after-hours emergency occur. This information will be kept confidential. Please complete and return with application. The City appreciates renewing businesses taking the time to fill out this sheet again so that we can keep our records accurate.

Please submit the completed packet, along with the appropriate application fee with checks payable to the City of Waitsburg, to: City of Waitsburg, 147 Main St., P.O. Box 35, Waitsburg, WA 99361.

Once again, welcome to the community. We wish you great success in your business venture.

Sincerely,

Randy Hinchliffe  
City Clerk

Attachments

## **Helpful Hints for Completing Your City of Waitsburg Commercial Business License Packet**

- If you have questions about zoning regulations for your business, please contact the City of Waitsburg at (509) 337-6371.
  
- UBI numbers can be obtained at the Department of Labor & Industries, 1815 Portland Ave. Suite 2, Walla Walla, WA 99362. The phone number is (509) 527-4437. If you have general questions about starting and/or operating a business in Washington State, contact the Business Assistance Center at 1-800-237-1233.
  
- If your business involves the storage, serving or handling of food items, contact the Walla Walla County City Health Department at (509) 527-3290. The office is located at 310 W. Poplar St., Walla Walla, WA 99362.
  
- Before having a sign constructed, contact the City of Waitsburg at (509) 337-6371 for signage regulations and permit information.
  
- Remember that an incomplete application may delay the processing of your license. Be sure to review your application prior to submittal to ensure completeness.
  
- City of Waitsburg business licenses are NOT transferable. If your business changes ownership or if substantial changes are made in the type of business, a new business license application must be submitted.
  
- Business licenses expire June 30 of each year. Failure to renew your license by July 1 results in a late penalty of \$5.00 per month for each month thereafter. The City will send a renewal notice to your mailing address on June 15. If you have not received the notice by June 30, please contact the City of Waitsburg at (509) 337-6371 to confirm your mailing address.
  
- The City's Location Code for the State of Washington Department of Revenue Form 40-2406Q is #3603.
  
- If you have any questions or require more information, please contact the City of Waitsburg's City Hall at (509) 337-6371, Monday through Friday, 9 a.m. to 5 p.m.

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## COMMERCIAL BUSINESS LICENSE APPLICATION

New Business  Existing Business, Substantial Changes  
 Existing Business, No Substantial Changes  Late Renewal

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

Business Location: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

State UBI No.: \_\_\_\_\_

Business is a:  Corporation  Partnership  Sole Proprietor

Detailed Description of the Nature of Business: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Length of Time at Present Location: \_\_\_\_\_

Is Business Part-Time?  Yes  No

1. Legal Owner's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Legal Owner's Address: \_\_\_\_\_

2. Legal Owner's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Legal Owner's Address: \_\_\_\_\_

### BUSINESS SITE INFORMATION

Property Owner's Name: \_\_\_\_\_

Property Owner's Address: \_\_\_\_\_

Property Owner's Phone: \_\_\_\_\_

-----PLEASE COMPLETE AND SIGN BACK OF APPLICATION

Please check if you would like to be included on the City's Website ([www.cityofwaitsburg.com](http://www.cityofwaitsburg.com)) or if you already have a site and would like a link generated please include below. If you would like a website created please contact BGM Data Services from our website.

\_\_\_\_\_

I hereby attest under penalty of perjury that the information I have provided on this application is true and correct. I understand my place of business must comply with all federal, state, and local codes and ordinances.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Please allow a 14-day waiting period between receipt of a complete application and issuance of a business license.

**For Official Use Only:**

Application:        \_\_\_\_\_ Complete                                \_\_\_\_\_ Incomplete

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

- Fee Paid                \$50.00 (New)                                \$20.00 (Existing, no changes)
- Penalty paid, if applicable:                \$ \_\_\_\_\_                                (\$5.00 per month past due)
- Application:            Approved                                Denied                                Denied with conditions: \_\_\_\_\_

\_\_\_\_\_  
 License Number Issued: \_\_\_\_\_

Date: \_\_\_\_\_

Clerk's Receipt Number: \_\_\_\_\_

Approved By: \_\_\_\_\_

City of Waitsburg  
P.O. Box 35  
Waitsburg, WA 99361  
**EMERGENCY CONTACT SHEET**

*The completion of the informational sheet is optional, but greatly appreciated and is not required for a business license.*

The following information will be forwarded to the Waitsburg Joint Fire District #2, and the Walla Walla County Sheriff's Office to be used in the event of an emergency.

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

Business Physical Address: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

Manager: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Normal Business Hours: \_\_\_\_\_

Days Per Week: \_\_\_\_\_

Lights on After Hours: \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, where? \_\_\_\_\_

**EMERGENCY CONTACTS**

In case of emergency during non-business hours, who should we contact? Please list individuals who have access to the establishment. This will help eliminate delays in an emergency situation. Thank you!

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_