



CITY OF PACIFIC
 100 3RD AVE SE
 PACIFIC, WA 98047
 CITY HALL (253) 929-1104
 FAX (253) 939-6026

Application for Business License (PMC Title 5)

Please fill out this form in its entirety. Incomplete applications will not be accepted.

**This is an APPLICATION ONLY, and NOT a license to conduct business
 You must obtain a business license PRIOR to conducting business.**

PLEASE CHECK ONE (1) : **New** _____ **Renewal** _____

Business Name:
Address:
Mailing Address:
Business Telephone No.(s):
Business Fax No.:
EMERGENCY CONTACT (24/7) Name and Telephone:
How long at present location:
Does the business have a location within the City of Pacific: Yes _____ No _____
Please give the type and details of business:

Business Offices <i>Outside</i> City Limits - Flat fee \$50.00																		
Business Offices <i>Within</i> City Limits																		
Please note specifically the number of employees																		
<table style="width: 100%; border: none;"> <tr> <td style="width: 80%;">_____ Home Based Business</td> <td style="width: 20%;">\$50</td> <td style="width: 10%;"></td> </tr> <tr> <td>_____ 1 to 5 Employees.....</td> <td>\$50</td> <td></td> </tr> <tr> <td>_____ 6 to 12 Employees.....</td> <td>\$75</td> <td rowspan="4" style="vertical-align: top; padding-left: 20px;">Special Licenses & Fees: Amusement Devices, Gambling, Games of Chance, and Cabarets. (Special Fees – Contact City Clerk’s Office)</td> </tr> <tr> <td>_____ 13 to 25 Employees.....</td> <td>\$95</td> </tr> <tr> <td>_____ 26 to 50 Employees.....</td> <td>\$105</td> </tr> <tr> <td>_____ 51 Employees and over.....</td> <td>\$150</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Transient Merchants, Peddlers Lic. \$75</td> <td></td> </tr> </table>	_____ Home Based Business	\$50		_____ 1 to 5 Employees.....	\$50		_____ 6 to 12 Employees.....	\$75	Special Licenses & Fees: Amusement Devices, Gambling, Games of Chance, and Cabarets. (Special Fees – Contact City Clerk’s Office)	_____ 13 to 25 Employees.....	\$95	_____ 26 to 50 Employees.....	\$105	_____ 51 Employees and over.....	\$150	Transient Merchants, Peddlers Lic. \$75		
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*MANDATORY - Washington State UBI No.: _____ - _____ - _____
Federal ID No: _____ - _____ Or Social Security No. _____
Contractor, Daycare or Other Specialty License Required: _____
Expiration Date: _____

List all persons having an ownership/management interest in this business:							
First	MI	Last	Address	City	State	Telephone No.	

FEE MUST ACCOMPANY APPLICATION - NON-REFUNDABLE
RENEWALS ARE DUE JANUARY 1ST
LATE PENALTY - 30 DAY DELINQUENCY CHARGE OF 50% + 10% FOR EACH SUCCEEDING MONTH

This section to be completed by business within the City of Pacific

Amusement Devices on Premises?	If yes, number of devices? _____
Serial Numbers for each:	

Do you store FLAMMABLE, TOXIC OR HAZARDOUS Materials? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, type and quantity:

Does the business location have automatic sprinkler, fire alarm system, security alarm, or other?
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe _____
*All security alarm systems must be registered with the City of Pacific

Does the business location have an irrigation system? <input type="checkbox"/> Ye <input type="checkbox"/> No
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NOTICE: Issuance of a license pursuant to this application shall not constitute an assurance or representation that the business, or it's location, complies with applicable local, state or federal laws. All licensees shall be responsible for complying fully with all such laws.

I certify under penalty of perjury that the information above is correct, to my best knowledge and belief.

Signed by: _____
Title: _____
Application Date: _____

Note: Additional City Permits may be necessary before you can commence business. If you change your business address, nature of business, or if you are no longer doing business in Pacific, please notify the Finance Office at (253) 929-1104.

FOR OFFICE USE ONLY		License # _____ - _____	Date: _____
Date: _____	Receipt: _____	Fee: _____	Drivers License <input type="checkbox"/> State License <input type="checkbox"/>
Building Official: _____	Approved: _____	Denied: _____	Date: _____
Comments: _____	See attached _____		
City Clerk: _____	Approved: _____	Denied: _____	Date: _____
Comments: _____	See attached _____		
Planning Dept: _____	Approved: _____	Denied: _____	Date: _____
Comments: _____	See attached _____		