



**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** \_\_\_\_\_

<b>Business Name:</b>
<b>Address:</b>
<b>Mailing Address:</b>
<b>Business Telephone No.(s):</b>
<b>Business Fax No.:</b>
<b>EMERGENCY CONTACT (24/7) Name and Telephone:</b>
<b>How long at present location:</b>
<b>Please give the type and details of business:</b>

Business Offices *Outside* City Limits - Flat fee \$50.00  
 Business Offices *Within* City Limits

**Please note specifically the number of employees**

_____ Home Based Business .....	\$50	
_____ 1 to 5 Employees.....	\$50	
_____ 6 to 12 Employees.....	\$75	Special Licenses & Fees: Amusement Devices,
_____ 13 to 25 Employees.....	\$95	Gambling, Games of Chance, and Cabarets.
_____ 26 to 50 Employees.....	\$105	(Special Fees – Contact City Clerk’s Office)
_____ 51 Employees and over.....	\$150	

**\*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 DECEMBER 31**  
**LATE PENALTY - 30 DAY DELINQUENCY CHARGE OF 50% + 10% FOR EACH SUCCEEDING MONTH**

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

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

<b>Do you store FLAMMABLE, TOXIC OR HAZARDOUS Materials?</b>	Yes _____ No _____
If yes, type and quantity:	

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

<b>Does the business location have an irrigation system?</b>	Yes _____ 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 City Clerk's Office (253) 929-1105

<b>FOR OFFICE USE ONLY</b>		<b>License #</b> _____ - _____	<b>Date:</b> _____
<b>Date:</b> _____	<b>Receipt:</b> _____	<b>Fee:</b> _____	<b>Drivers License</b> _____ <b>State License</b> _____
<b>Building</b> _____	<b>Approved</b> _____	<b>Date:</b> _____	
<b>Comments:</b> _____		<b>See attached</b> _____	
<b>Fire</b> _____	<b>Approved</b> _____	<b>Date:</b> _____	
<b>Comments:</b> _____		<b>See attached</b> _____	
<b>Police</b> _____	<b>Approved</b> _____	<b>Date:</b> _____	
<b>Comments:</b> _____		<b>See attached</b> _____	