



**CITY OF PACIFIC**  
 100 3RD AVE SE  
 PACIFIC, WA 98047  
 CITY HALL (253) 929-1100  
 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:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_

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

**Business Tel No(s):** \_\_\_\_\_ **Business Fax No:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**EMERGENCY CONTACT (24/7) Name and Phone No:** \_\_\_\_\_

**How long at present location:** \_\_\_\_\_

**Does the business have a location within the City of Pacific:** Yes \_\_\_\_\_ No \_\_\_\_\_

**Please provide details of business activity:** \_\_\_\_\_

**Type of Ownership (select one):** Sole Proprietor \_\_\_\_\_ Corporation \_\_\_\_\_ LLC \_\_\_\_\_ Non-Profit \_\_\_\_\_

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

Business Offices *Within* City Limits

**Please note specifically the number of employees - FOR BUSINESSES LOCATED IN PACIFIC ONLY**

- |  |       |  |
|--|-------|--|
| _____ 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 |  |
| Transient Merchants, Peddlers License..... | \$75  |  |

**MANDATORY\***

**\*Washington State UBI No.:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Federal ID No: \_\_\_\_\_ - \_\_\_\_\_ Or Social Security No. \_\_\_\_\_

Contractor, Daycare or Other Specialty License Required: \_\_\_\_\_

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

\*North American Industry Classification System (NAICS) CODE: \_\_\_\_\_

**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 device: \_\_\_\_\_  
 \_\_\_\_\_

**Do you store FLAMMABLE, TOXIC OR HAZARDOUS Materials?** Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, type and quantity: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**\*\*Does the business location have automatic sprinkler, fire alarm system, security alarm, or other?**  
 \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, describe \_\_\_\_\_  
 \_\_\_\_\_

\*\*All security alarm systems must be registered with the City of Pacific

**Does the business location have an irrigation system?** Yes \_\_\_\_\_ No \_\_\_\_\_

NOTICE: Issuance of a license pursuant to this application shall not constitute an assurance or representation that the business, or its 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.*

**Signature:** \_\_\_\_\_  
**Print Name:** \_\_\_\_\_  
**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) 929-1100.

**FOR OFFICE USE ONLY**

**BUILDING OFFICIAL:** Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Date: \_\_\_\_\_  
 Comments: \_\_\_\_\_ See attached \_\_\_\_\_

**CITY CLERK:** Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Date: \_\_\_\_\_  
 Comments: \_\_\_\_\_ See attached \_\_\_\_\_

**PLANNING DEPT:** Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Date: \_\_\_\_\_  
 Comments: \_\_\_\_\_ See attached \_\_\_\_\_