

140

CITY OF KENMORE, WA
Business License Application



18120 68th Ave NE, Kenmore, WA 98028

425-398-8900

www.kenmorewa.gov

Staff use Area
License Number:
Application Date:
Expiration Date:
Received By:
Date Stamp

1 Business Information:

Business Registration Type: [ ] New [ ] Renewal

Business Address: City,St,Zip:

Business Name: Phone:

Business Website:

Website:

DBA Name:

Business Mailing Address: City,St,Zip:

Business Manager Name: Phone:

E-mail Address:

Universal Business Identifier (UBI):

Type of business\*:

- [ ] Adult Cabaret [ ] Adult Entertainment [ ] Amusement Parks [ ] Carnival
[ ] Closing Out Sales [ ] Dance [ ] Junk Shop [ ] Junk Wagon [ ] Live Entertainment
[ ] Massage Business Event [ ] Pawn Broker [ ] Public Bathhouse
[ ] Secondhand Dealer [ ] Other (describe):

\*Massage practitioner use Form 141, Marijuana Business use Form 143

Does your business propose to serve liquor? [ ] Yes [ ] No

If yes, what is the status of your liquor license application?

Will flammable or hazardous materials be stored on site? [ ] Yes [ ] No

If yes, what materials and quantities?

Business Ownership: [ ] Sole Proprietor [ ] Partnership [ ] Corporation [ ] Association [ ] Non-Profit
[ ] Individual Ownership [ ] Other:

If a partnership, what type? [ ] General [ ] Limited

Legal name of partnership:

Name and address of any registered agent for service of process:

Name: Phone:

Address: City,St,Zip:

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	<b>If a corporation or limited liability company</b> , specify the following: Legal name of corporation limited liability company: _____ Date of Incorporation: _____ Place of Incorporation: _____ Name and address of any registered agent for service of process: _____ Name: _____ Address: _____ City,St,Zip: _____ Phone: _____
	<b>If a sole proprietorship or individual ownership</b> , please specify the following: Name: _____ Address: _____ City,St,Zip: _____ Phone: _____

<b>2</b>	<b>Property Information:</b> Property Parcel Number: _____ Legal Description: _____ Property Ownership: <input type="checkbox"/> Own <input type="checkbox"/> Rent or Lease Property Owner Name: _____ Address: _____ City,St,Zip: _____ Phone: _____ E-mail Address: _____ Property Owner Name: _____ Address: _____ City,St,Zip: _____ Phone _____ E-mail Address: _____ If more than two property owners provide separate list of all owners.
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<b>3</b>	<b>Loans and Leases</b> Are there any loans, leases, secured transactions and/or repayments related to the business? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach the terms associated to each agreement.
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<b>4</b>	<b>Applicant Signature and Date:</b>   I affirm the information above is true and accurate.
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