



Business License Application

230 Pioneer Street / PO Box 608
Ridgefield, WA 98642
Tel: (360) 887-3557 / Fax: (360) 887-0861
www.ci.ridgefield.wa.us

Instructions:

- Please **print** or **type**
- **New Business Licenses must be approved by Community Development prior to issuance**
- **Application must be signed**
- Please answer **all** questions or indicate question does not apply
- **If the form is not fully completed, a delay in processing the application can occur**

1. Name of Business: _____

DBA (if applicable): _____

Business Phone: _____

Business Address: _____

City/State/Zip: _____

Mailing Address:(If different from Business Address) _____

City/State/Zip: _____

Website address: _____

2. Is this a non-profit organization?

___ Yes If Yes - IRS # _____

___ No

3. List name of all Owner(s), Partners or Officers: (If Additional, use attachment)

	(1)	(2)
Full Legal Name:	_____	_____
Address:	_____	_____
City/State/Zip:	_____	_____
Home Phone #:	_____	_____
Alt. Phone #:	_____	_____
Dr. Lic. #: & State:	_____	_____
Date of Birth:	_____	_____
Email address:	_____	_____

4. Contact Information:

In accordance with Title VI of the Civil Rights Act and other applicable laws, the City of Ridgefield does not discriminate on the basis of race, color, national origin, gender, age or disability in decisions, programs or activities.

Name: _____

Address: _____

City/State/Zip: _____

Home Phone #: _____

Alt. Phone #: _____

Email Address: _____

5. Number of employees: _____ Please estimate FTE*: _____

* FTE-Full Time Equivalents are the combination of one or more employees whose work hours equal that of a full-time position, normally 40 hours a week.

6. Type of Business:

- | | |
|---|--|
| <input type="checkbox"/> Business/Professional Office | <input type="checkbox"/> Medical/Dental |
| <input type="checkbox"/> Contractor | <input type="checkbox"/> Wholesale |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Restaurant |
| <input type="checkbox"/> Retail | <input type="checkbox"/> Services (Please Specify) _____ |

7. Describe the type of business activity that will be occurring at this location: _____

8. Hours of operation/
Days of the week: _____

9. Property Owner(s)/Leasing Agent:

Name: _____

Address: _____

City/State/Zip: _____

Phone #: _____

10. Is this a location change or an addition for this business?

- Yes If yes, please indicate prior location: _____
 No Complete Address: _____

11. Is this the same type of business as the previous business that occupied this location?

- Yes
 No

Name of previous business: _____

Type of previous business: _____

12. Approximate square footage of your business: _____

13. Will this business be sharing a location with another business or residence?

___ Yes If yes, name of other business: _____

___ No

14. Washington State department of Revenue Tax Number (UBI) _____

15. Is the business location within the Transportation Benefit District? Yes No

I certify the above information is correct:

Applicant's Signature

Print Name

Title

Date

Community Development Department

Application Approved: _____ *Date* _____

Business License Fee: \$50.00

Return the application to the City of Ridgefield,

Attn: Business License Application Processing
PO Box 608
Ridgefield, WA
98642.

Business Licenses are valid for 1 year

Application must have the name and nature of the business, business addresses, business owner information, emergency notification name and address, the type of business, and the number of employees filled in. No license will be issued if this information is not present. This application is subject to RCW Chapter 42.56 regarding disclosure of public documents.

Office Use Only

Business License # _____

License Fee \$50.00 _____

Issued By: _____

Date Paid: _____