

City of Kirkland

APPLICATION FOR BUSINESS LICENSE



City of Kirkland
 Customer Accounts/Licensing
 123 5th Avenue
 Kirkland, WA 98033-6189

Phone 425.587.3140
 www.ci.kirkland.wa.us
 license@ci.kirkland.wa.us

INSTRUCTIONS:

Items 1-27 must be completed, or application will not be accepted.
 Please print or type.

Application must be signed.

If form is not fully completed, a delay in processing the application will occur.

License Fee:

- Please refer to the Business License Application Fee Worksheet for fee calculations.
- Return application and check made payable to City of Kirkland.

FOR OFFICE USE ONLY:

4302 _____
 4303 _____
 4311 _____
 4312 _____
 Check # _____
 Receipt # _____

1. **Business Organization:** Sole Proprietor Partnership Corporation LLP LLC

2. _____
Name of Firm *DBA (Doing Business As)* *Business Phone*

3. _____
Business Address (Site Address of Business)

4. _____
Mailing Address (if different from business address)

5. _____ ⁶ _____
Opening Date of Business at this location *Unified Business Identifier Number (UBI)*

6. **Are you a utility company?** Yes No **Specify type** _____

7. List names of owners partners, or officers: (ONLY LIST 3)

	(1)	(2)	(3)
Name:	_____	_____	_____
Address:	_____	_____	_____
City/State/Zip:	_____	_____	_____
Home Phone:	_____	_____	_____
Drivers Lic. No:	_____	_____	_____

8. Emergency Notification (must list two local contacts):

	(1)	(2)
Name:	_____	_____
Address:	_____	_____
City/State/Aip:	_____	_____
Home Phone:	_____	_____

9. Property Owner(s)/Leasing Agent

(1)

(2)

Name: _____

Address: _____

City/State/Aip: _____

Home Phone: _____

10. Do you have other business locations in Kirkland? Yes No

11. Specifically describe your business activity: _____

12. Is this business a change of ownership, location change (within the City of Kirkland), or business activity change?

Yes No If yes, please indicate: _____

13. Is there a Change of Use occurring on the property e.g. retail to restaurant? If yes, did you check with the Public Works Department to see if Traffic Impact Fees are due?

Yes No

14. Is this business conducted in a residence?

Yes No If yes, you must submit a Home Occupation Agreement in addition to this form.

15. Occupancy Type:

Apartment Building / Condo Office Building Single Family / Duplex Church

Hospital / Nursing Home Retail Warehouse

Hotel / Motel School Other (Please Specify) _____

16. Number of square feet (gross) of floor space / business activity uses: _____

17. Number of workers at this location including owner / manager: _____

18. Type of Business:

Business/Prof. Office Restaurant Wholesale Religious

Manufacturing Retail Government Utility

Medical / Dental Services Service Other (Please Specify) _____

19. Is this a non-profit organization? Yes No

If yes, please provide a copy of IRS 501(c)(3) Federal Tax Exemption Certificate.

20. Will any type of live music be conducted at business? Yes No

21. Will any admission fees or cover charge be charged? Yes No

22. Do you store flammable or hazardous materials? Yes No
If yes, please attach a list of type and quantity.

23. Do you or will you have a security alarm(s)? Yes No

24. Has your security alarm system been registered with the City? Yes No
If no, you must contact the False Alarm Managing employee at 4.25.587.3142 to obtain an Alarm Register Application.

25. Will waste material (other than restrooms) be discharged into the sewer? Yes No

If yes, indicate type:

- Cooling Water Grease Wash Down or Floor Cleaning
 Food Waste Product Waste Other (Please Specify) _____

26. Will you have any sanitary sewer connections from your production area (other than restrooms)?

Yes No

If yes, indicate type:

- Catch Basins Floor Drains Sinks Sumps
 Other (Please specify) _____

27. Are you the first tenant at this location? Yes No

If no, name of previous business at this location: _____

28. Is this business license application for a Home Daycare? Yes No

If yes, please indicate the following:

DSHS License / Certification No.: _____ Expiration Date: _____

Maximum Number of children authorized by DSHS: _____

Actual number of children enrolled: _____

BUSINESS OWNER MUST ENSURE COMPLIANCE WITH ALL LAWS:

Do not engage in business practices until you receive an approved license. When the City issues a business license, the City is not representing that the business is in compliance with all local, state and federal laws.

DECLARATION:

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Applicant's Signature: _____ Title: _____ Date: _____

Print Name: _____ email address: _____

Business License Application Fee Worksheet

Registration

You may be eligible to pay a registration fee of \$50 in lieu of a business license fee under the following circumstances.

1. Are the annual gross receipts of your business less than \$12,000? Yes No \$ _____

If yes, stop here. Your registration fee is \$50.

Exemptions:

You may be eligible to register a business license application under this chapter and be exempt from any fees.

1. Are you a qualified **governmental or religious organization**? Yes No

If you engage exclusively in religious activities or governmental functions, or if any of your activities go beyond core religious functions, or if any of your activities go beyond core governmental functions, then skip down to the regular business license section. You will pay a base fee and follow special instructions for calculating the Revenue Generating Regulatory License.

2. Are you a **civic group, service club, or social organization**? Yes No

that are not engaged in any profession, trade, calling, or occupation, but are organized to provide civic, service, or social activities in the city.

3. Are you a **non-profit organization exempt from Federal Income Tax**? Yes No

(a copy of the 501(c)(3) is required)

If you answered yes to questions 1 - 3, stop here. Your registration fee is \$0. Registration of business and annual updated information required. All other businesses proceed to next page.

If you do not qualify for an exemption or registration fee, the base fee and RGRL will apply as calculated below.

Base Fee: All businesses operating in Kirkland exceeding \$12,000.00 are subject to a base fee of \$100.

Revenue Generating Regulatory License Fee Calculation

<p>How many employees (or Full Time Equivalents), including officer / owner / manager, are employed at this location? If using part-time employees, use the FTE calculation worksheet as shown at the bottom of this page.</p> <p>Revenue Generating Regulatory License Fee: FTE x \$100.00</p> <p>Add the RGRL amount and the base fee. This total amount is your business license tax fee.</p> <p>Minimum payment \$200.00. Must claim 1 employee.</p>	<p>Number of FTEs _____ x \$100 = \$ _____</p> <p>Plus: Base Fee = \$ _____</p> <p>Total Fee = \$ _____</p>
--	---

Definitions:

Qualified Nonprofit Organization - Certain organizations exempt from Federal Income Tax. An organization that files with the City a copy of its current IRS 501(c)(3) exemption certificate issued by the Internal Revenue Service.

Government Organization - A governmental entity that engages solely in the exercise of governmental functions. Activities which are not exclusively governmental, such as some of the activities of a hospital or medical clinic, are not exempt under this chapter.

Religious Organization - A nonprofit business operated exclusively for a religious purpose, upon furnishing proof of the Finance Director of its nonprofit status. For the purposes of this chapter, the activities that are not part of the core religious functions are not exempt.

Full Time Equivalent - A business may choose to calculate the number of employees for the purpose of the Revenue Generating Regulatory License according to the following alternative method based on the number of employee hours worked for the business during the previous year. Where there are employees who work less than the 1,920 hours per year, the total number of hours worked by all such employees during the previous four quarters shall be added together and divided by 1,920. A fraction of .5 or over shall be rounded up. The city may require the business to submit copies of its Washington State Department of Labor and Industries (L & I) reports for the prior four quarters.

If you do not have physical premises within Kirkland but conduct business in Kirkland, you should consider only the number of worker hours spent working in Kirkland or direct hours related to work completed for a customer located in Kirkland.

Note for new Businesses - The Revenue Generating Regulatory License for a business that did not submit reports for each of the last 4 quarters to L & I shall be based on the estimated number of employees of that business. If, during the license year, the City determines that the actual number of employees is significantly different than estimated, then the amount of the Revenue Generating Regulatory License may be recalculated for the new business. If the revised Revenue Generating Regulatory License is higher, the business must pay the difference within 30 days after notification. If the Revenue Generating Regulatory License is lower, then the difference will be refunded within 30 days.

Full Time Equivalent Calculation Chart

Part-time employee hours reported during the most recent four quarters:	
_____ Quarter 1 + _____ Quarter 2 + _____ Quarter 3 + _____ Quarter 4 = _____ Total for four quarters	
	Divide by <u>1920</u>
	_____ *
Minimum payment \$200.00. Must claim 1 employee.	* A fraction of .5 or over shall be rounded up

Hours worked by persons who are defined as employees for Revenue Generating Regulatory License must be included in the calculation even if the business is not required to report to the Washington State Department of Labor and Industries (L&I) concerning such person.

The City reserves the right to request verification of information provided on the application form and fee worksheet.