



In-City Commercial Business License Packet

The business operates in a facility located within City of Des Moines limits and is **not** a home occupation.

We wish to take this opportunity to welcome you and your business to the community. Des Moines Municipal Code 5.04.020 requires all persons wishing to conduct any business within the City of Des Moines to first secure a City of Des Moines business license. Enclosed are the following forms to assist you in this matter:

- Helpful hints for completing your Business License Packet.
- Commercial Business License Application form.
- Your application **WILL NOT** be accepted unless this form is completed.
- **Please call South King Fire and Rescue at 253-946-7318 to schedule a fire inspection.**
- Please contact Community Development for a Sign Permit Application at 206-870-7576.

B & O TAX: For businesses with gross receipts greater than \$50,000, the tax rate is equal to two-tenths of one percent (.2%) of their gross receipts. Businesses with gross receipts equal to or less than \$50,000 per year are not required to pay the tax, **although it is still necessary for the business to file a return .**

Please submit the completed packet, along with the \$100.00 application fee, payable to City of Des Moines, to:

City of Des Moines
21630 11th Avenue S, Suite A
Des Moines, WA, 98198
Attn: Business License Clerk

Once again, welcome to the community. We wish you every success in your business venture.

HELPFUL HINTS FOR COMPLETING YOUR CITY OF DES MOINES IN-CITY COMMERCIAL BUSINESS LICENSE PACKET

Many of your questions may be answered by referring to the City of Des Moines web site at www.desmoineswa.gov/BL

For zoning regulations questions please call Community Development at 206-870-6595.

For UBI numbers please call the Department of Revenue at 1-800-647-7706.

If your business involves any of the following, please contact the City Clerk's Office at 206 870 6580:

- Adult Entertainment
- Amusement Devices
- Door-to-Door Solicitation
- Live Entertainment
- Massage Parlor
- Pawn Brokerage
- Secondhand Sales

For businesses that store, serve, or handle foodstuffs, please contact the Seattle-King County Department of Public Health at 206-296-4708.

City of Des Moines Business Licenses are NOT transferable and are issued for a specific location and owner. If your business changes locations or ownership, a new business license application and fee must be submitted.

The City of Des Moines Tax Number for the State of Washington Department of Revenue Form REV. 40-2406Q, Box 45, Location Code is #1709.

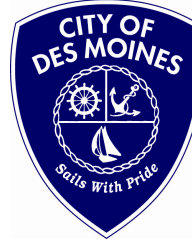
Please call 206-870-7582 for questions regarding Business & Occupation Tax.

Contact Community Development at 206-870-7576, for signage regulations and permit information, **before** having a sign constructed.

New Renewal Change of Ownership Change of location

City of Des Moines

Business License Application
21630 11th Ave S, St. A
Des Moines, WA 98198
206 870 6580 fax 206 870 6540
businesslicense@desmoineswa.gov



BUSINESS NAME DBA

MAILING ADDRESS
City State Zip Code

PHYSICAL ADDRESS
City State Zip Code

Business Phone Fax

UBI # State License # Bus License #

Email Address No. of Employees: Full-time Part-time

Business Type: (check one) Corporation LLC Partnership Sole Proprietorship Non-Profit

License Type: (check one)
Commercial located in the City of Des Moines - \$100.00* Adult Family Home - \$75.00*
Commercial not located in the City of Des Moines - \$100.00* Family Daycare - \$75.00*
Multi-unit Residential Rental - \$200.00* Single Residential Rental - \$75.00*
Home Occupation - \$75.00*

Total cost*

ESTIMATED GROSS ANNUAL BUSINESS INCOME: (check one)
\$0-\$12,000 \$12,001-\$28,000 \$28,001-\$60,000 \$60,000-\$100,000 \$100,001 and above

Check if the business includes: Retail sales? Wholesale sales?

STATE SPECIFIC NATURE OF BUSINESS:

***** PLEASE LIST ALL OWNERS, PARTNERS, OR OFFICERS ON THE NEXT PAGE *****

EMERGENCY CONTACT AFTER BUSINESS HOURS:

Name(s) Phone Number

PROPERTY OWNERS:

Name(s) Phone Number

Check if you have an alarm Alarm Co. Name Phone #

Alarms are required to be registered with the Des Moines Police Department (DMMC 9.10.030)

Des Moines Municipal Code 5.04.020 requires all persons wishing to conduct any business within the City of Des Moines to first secure a City of Des Moines business license. Licenses expire on December 31st. Failure to renew license by February 15th of the following year results in a 100% late penalty. I understand that I am responsible for notifying the City Clerk's office of any change in the status of my business as well as any new mailing addresses. I further declare under penalty of perjury that the information provided on this application work sheet, is true and accurate. I understand my place of business must comply with Federal, State and local codes and ordinances.

Applicants Signature _____ Title _____ Date _____

OWNERS, PARTNERS, OR OFFICERS

Business License Application #

Name(s)

Home Address

City State Zip

Phone

Name(s)

Home Address

City State Zip

Phone

Name(s)

Home Address

City State Zip

Phone

Name(s)

Home Address

City State Zip

Phone

Name(s)

Home Address

City State Zip

Phone

Name(s)

Home Address

City State Zip

Phone

APPLICANT WORK SHEET

1. DESCRIPTION OF BUSINESS

Your business will primarily engage in which of the following activities (Check all that apply):

<input type="checkbox"/> Office	<input type="checkbox"/> Real Estate	<input type="checkbox"/> Food/Beverage Services:	<input type="checkbox"/> Auto/Boat Service
<input type="checkbox"/> Legal Services	<input type="checkbox"/> Financial Services	Occupant Load <input style="width: 50px;" type="text"/>	(Exchange of Parts Only)
<input type="checkbox"/> Professional Svcs.	<input type="checkbox"/> Retail Sales	<input type="checkbox"/> Day Care:	<input type="checkbox"/> Group Home:
		How Many <input style="width: 50px;" type="text"/>	How Many <input style="width: 50px;" type="text"/>
<input type="checkbox"/> Health Services	<input type="checkbox"/> Wholesale Sales	<input type="checkbox"/> Auto/Boat Repair	<input type="checkbox"/> Other:
			Describe: <input style="width: 150px;" type="text"/>

2. SELF-INSPECTION CHECKLIST (This section DOES NOT apply to single family homes.)

Complete the table below. These items are requirements that must be completed **before** you apply for your business license. As you determined that each item has been accomplished, place a check next to the item. Check items 1-8 either YES or N/A as appropriate for your business. Items 9-15 apply to **all** business and must be completed and checked YES in order to have a complete application. Your application will not be accepted without completing this section. If you have any questions contact the Fire Marshal at 253-946-7318.

<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	1. Combustible storage under the stairwell is protected on the enclosed side by one-hour fire resistive construction. (UFC 1210.3)
<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	2. An authorized sprinkler company has serviced the sprinkler system during the last twelve months. A copy of the service report is available to the Fire Marshal on site. (NFPA 13A)
<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	3. An authorized fire alarm company has serviced the fire alarm system during the last twelve months. A copy of the service report is available to the Fire Marshal. (UFC 14.108)
<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	4. Electrical room has signage on door indicating "Electrical Room" or Electrical Equipment". (UFC 8509.3)
<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	5. Laundry room is equipped with approved metal container(s) with tight fitting lid(s) for combustible waste. (UFC 1103.2.1)
<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	6. All lint and combustible materials from behind the washers and/or dryers have been removed. These areas are to be maintained in clean condition. (UFC 1107.2)
<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	7. All vegetation has been cleared away a minimum of ten feet (10') from the building. (UFC 1103.2.4)
<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	8. All smoke detectors are in working order at this time. It is the responsibility of building owner or manager of this complex to insure that smoke detectors work at all times. BY ORDER OF THE FIRE MARSHAL (WAC 212-10)
	<input type="checkbox"/> Yes	9. A 2A10BC (5lb. minimum size) dry chemical fire extinguisher is provided. Minimum of one per business. (UFC 1002.1)
	<input type="checkbox"/> Yes	10. Extinguishers are installed on the hangers or in the brackets supplied, mounted in cabinets, or set on shelves (NFPA 10, 1-6.6. The top of the extinguisher is not more than fifty-four (54") inches above the floor. (NFPA 10, 1-6.9, UFC 1106.3.2)
	<input type="checkbox"/> Yes	11. Extinguishers are located in plain view (if at all possible), or if not, they are identified with a sign stating "Fire Extinguisher" with an arrow pointing to the unit. (NFPA 10, 1-6.3)
	<input type="checkbox"/> Yes	12. All exit(s) are free and clear of obstructions. (UFC 1203)
	<input type="checkbox"/> Yes	13. Electrical panels or meters are accessible with a working space of at least thirty-six inches in front completely free of obstructions. (NEC 110-16)
	<input type="checkbox"/> Yes	14. Appliances and devices that are intended to plug into a wall receptacle are not plugged into multiple outlet extension cords (zip cords) or multiple outlet devices. (UFC 8507)
	<input type="checkbox"/> Yes	15. Business address has been posted on the outside of the building with numbers contrasting with their background and large enough to be visible from the street. (UFC 601.4.4)