

**Form 700 060**

Business Licensing Service  
PO Box 9034  
Olympia WA 98507-9034  
360-705-6741  
[BLS@dor.wa.gov](mailto:BLS@dor.wa.gov)

# City Addendum

Complete a Business License Application and a separate City Addendum for each physical business location. To complete this form see the City Addendum Instructions and City Fee Sheet. An incomplete City Addendum will cause delays in processing.

*For faster service - Apply online*

Legal Entity/Owner Name:

Unified Business Identifier (UBI):

## 1. All city license applicants must complete this section

- a. Are you registered with the Washington Secretary of State as a nonprofit corporation? Yes No
- b. Is your organization tax exempt under IRS code 501(c)(3),(4), or (5)? Yes No  
*If yes, attach a copy of your IRS tax exemption certificate.*
- c. Are you general or specialty contractor (construction, plumbing, electrical, and roofing)? Yes No  
*If yes, provide the Dept. of Labor & Industries Contractor Registration license number (if known):*
- d. If you hold a WA State professional/occupational license provide the license type and number.  
Type (day care, cosmetology, real estate, etc):  
Number (if known):
- e. Do you provide utility service (telephone/cellular/ISP, cable, gas, electric, garbage)? Yes No

## 2. Complete this section if your business is physically located inside city limits

- a. Provide the city where your business is physically located and the associated fee amount:  
*For variable fee cities, see appropriate city requirements and fee calculations at [dor.wa.gov/cityendorsements](http://dor.wa.gov/cityendorsements) for more information.*

City name	License fee amount \$
Number of full-time employees (at this location)	Total full-time employee fees (if applicable) \$
Number of part-time employees (at this location)	Total part-time employee fees (if applicable) \$
Number of rental units (if applicable)	Total rental unit fees (if applicable) \$

- b. First date of business in this city:

- c. Do you qualify for a fee exemption from this city’s business license? Yes No
- d. Estimated gross annual income for the coming 12 months in this city:
- e. Have you held a business license in this city? Yes No

Prior city license # (if known):

- f. Check any of following that can be found at this business location:

- Automatic smoke detection system or fire sprinkler system installed
- Any compressed gases (oxygen, helium, acetylene, propane, nitrous oxide, etc.)
- Discharges to the sewer from the business or business processes other than domestic sanitary discharges
- Any flammable/hazardous/toxic materials (gasoline, oil, cleaning solvents, pesticides, etc.)
- Average gallons or pounds kept on premises:
- Floor drains other than in restroom/shower facilities
- None of the above

- g. Is the physical address of the business in a residence? Yes No
- If yes, how many customers will be visiting the residence per week?  
*Some cities have special home occupation regulations, please contact the city for more information.*

- h. Square footage of floor space used for business activities at this location:

- i. Will you be making any exterior/interior modifications, including signs, to proposed location? Yes No
- j. Give the name and phone number of two after-hours Emergency Contact persons for this business location:

Name (Last, First, Middle)	Phone number
Name (Last, First, Middle)	Phone number

- k. Do you have emergency alarm monitoring service? Yes No
- If yes, provide the following information:

Monitoring company	Company contact	Contact phone number
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- l. Mark any of the following activities that will be conducted at or from this business location:

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>Adult entertainment</li> <li>Ambulance service/dispatch</li> <li>Amusement devices/arcades</li> <li>Buy/sell used goods</li> <li>Care provider for adults or children</li> <li>Charging admission</li> <li>Civic, social, religious gathering with food/drink consumption, transportation, entertainment, etc.</li> <li>Dispensing</li> <li>Gambling</li> </ul> | <ul style="list-style-type: none"> <li>Health care/medical</li> <li>Manufacturing, assembling, producing, packaging</li> <li>Painting</li> <li>Recycling</li> <li>Repairing</li> <li>Retail/wholesale sales</li> <li>Sexually oriented business</li> <li>Storing/warehousing</li> <li>Taxi/for hire service/dispatch</li> </ul> |
|--|---|

**3. Complete this section with information specific to each city where you will travel to do business.**

a. City	b. Fee exempt? Yes/No or N/A	c. First date of business	d. Gross income	e. Number of full-time employees	f. Number of part-time employees	g. Full-time employee fee	h. Part-time employee fee	i. City license fee total
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## City Addendum Instructions

### Instructions:

Use this addendum form to apply for the city business licenses available only through the Business Licensing Service ([dor.wa.gov/cityendorsements](http://dor.wa.gov/cityendorsements)). Complete a Business License Application and a separate City Addendum form for each of your physical business locations.

Contact directly any cities not licensed through the Business Licensing Service for their licensing requirements, as they are not yet part of the combined licensing process.

1. All applicants must complete Section 1 of this addendum form.
2. Complete Section 2 of this addendum to apply for the city business license endorsement for the city where your business is physically located inside city limits (resident business):
  - a. In Section 2 of the Business License Application form, write the name of the city you entered in Section 2 of this addendum and that city's license fee amount.
3. Complete Section 3 of this addendum to apply for license endorsements with other cities where you have no permanent physical location, but that you will travel into to conduct business (non-resident business).

For each city in which you will operate as a non-resident business, provide the following information:

Column a, write the name of the city.

Column b, if the city provides a no-fee license, indicate if you qualify for it, 'Yes' or 'No'. If there is no fee-exempt license in that city you may enter N/A.

Column c, provide the date you started or will start conducting business in that city.

Column d, estimate your gross annual income for the coming 12 months in this city.

Column e, provide the number of full-time employees you will have working inside that city's limits.

Column f, provide the number of part-time employees you will have working inside that city's limits.

Column g/h, if the city charges a fee based on the number of employees (full-time and/or part-time), enter the per-employee fee. If the city charges a base fee in addition to other fee calculation include it in the total amount entered in column i. If the city does not charge fees by employee leave this column blank.

Column i, if you entered a per-employee fee in column g, multiply that amount by the number of employees listed in column e. If you entered a per-employee fee in column h, multiply that amount by the number of employees in column f. Add the two totals together and enter the result in column i. If the city does not charge a per-employee fee, enter the fee amount for the city license.

In Section 2 of the Business License Application form, write the city name you entered in column 1, and the fee for that city you entered in column i.

### ***Please note:***

City license endorsements must be approved by the city before business may begin in that city, in accordance with the city's Land Use, Building and Fire codes and ordinances. Contact each city directly for more information.