

CITY OF MEDICAL LAKE
BUSINESS LICENSE APPLICATION



MAIL TO:
City of Medical Lake
P.O. Box 369
Medical Lake, WA 99022

(509) 565-5000

Fee: \$30.00 (A \$12.50 late fee applies to renewals received after the last day of February.)

Business Name: _____

State UBI Number: _____ Zoning: _____

Business Location: _____

Mailing Address: _____
P.O. Box Street Address

_____ City State Zip Code

Business Telephone Number: (_____) _____

Type of Business Engaged In: _____

IS THIS A "HOME OCCUPATION"? _____ Section 17.08.12 "Home Occupation" means a business, profession or craft which is clearly incidental to the residence as a dwelling; not one in which the use of a premises as a dwelling place is largely incidental to the business carried on. Said business shall be carried on by a member of the family residing within the dwelling place, with the addition of no more than one outside individual at any one time, and may include, but is not limited to an art studio, dress making, beauty salon, family child care in the home, professional office of a lawyer, physician, engineer, architect or accountant, or musical instructor or dance limited to no more than two pupils at any one time.

IF "YES", HAS A SPECIAL PROPERTY USE PERMIT BEEN REQUESTED? _____ (17.45)

Home Occupation Permits that do not require a public hearing for review and decision and can be administratively processed, have a one-time application fee of \$150.00. Applications that require a public hearing have a one-time application fee of \$250.00 (see chapter 17.45 for criteria that determines whether or not a public hearing is required). The application fee for a home occupation includes your first year City of Medical Lake Business License fee if approved. The city business license fee is an annual fee.

NOTE: It is unlawful for a person or individual, company, corporation or association or any other entity to engage in a home occupation as defined in Section 17.08.126 within the City limits without first having obtained a permit in compliance with the provisions of this Chapter. The permit shall not be transferred, nor shall it be valid at any address other than the one appearing on the permit.

I DO/DO NOT HAVE UNDERGROUND STORAGE TANKS. (Circle One)

I HAVE A GUARD DOG: _____ YES (IF YES, DESCRIBE) _____

I HAVE AN ALARM SYSTEM: _____ YES (IF YES, DESCRIBE) _____

TYPE OF BUILDING: COMMERCIAL PRIVATE RESIDENCE (Circle one)

NAME OF BUSINESS OWNERS: *(Please note: this information is strictly confidential and is intended for Fire Department and Police Department use)*

Name _____ Title _____

Home Address _____

P.O. Box

Street Address

City

State

Zip Code

Home Telephone Number (_____) _____ Emergency Number (_____) _____

Name _____ Title _____

Home Address _____

P.O. Box

Street Address

City

State

Zip Code

Home Telephone Number (_____) _____ Emergency Number (_____) _____

I certify under penalty of perjury that the information above is correct to the best of my knowledge and belief and I have read the business license ordinance summary.

Authorized Signature _____ Date _____ Title _____

FOR OFFICE USE ONLY:

	<u>Date</u>
_____ Police Review	_____
_____ Fire Review	_____
_____ Planning Review	_____
_____ Code Review	_____
_____ Finance Review	_____

COMMENTS:

