CITY OF WAITSBURG
147 Main St., P.O. Box 35
Waitsburg, WA 99361
Phone: (509) 337-6371, Fax: (509) 337-8089

BUSINESS LICENSE PACKET

We would like to take this opportunity to welcome you and your business to the community. If you are renewing your business license, we would like to congratulate you on a successful year.

City of Waitsburg Municipal Code 6.10.020 requires that all people wishing to conduct any business within the City of Waitsburg obtain a City business license. Enclosed are the following forms to assist you in this matter:

- □ Helpful Hints for completing your Business License Packet.
- □ A Commercial Business License Application form. If this is a new business, please complete and return the form with a $50.00 application fee. If this is an existing business with no substantial changes in the business, please complete and return the form with a $20.00 application fee.
- □ A Contact Sheet. This information will be kept on file should an after-hours emergency occur. This information will be kept confidential. Please complete and return with application. The City appreciates renewing businesses taking the time to fill out this sheet again so that we can keep our records accurate.

Please submit the completed packet, along with the appropriate application fee with checks payable to the City of Waitsburg, to: City of Waitsburg, 147 Main St., P.O. Box 35, Waitsburg, WA 99361.

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

Sincerely,

Randy Hinchliffe
City Administrator

Attachments
Helpful Hints for Completing Your
City of Waitsburg
Commercial Business License Packet

□ If you have questions about zoning regulations for your business, please contact the City of Waitsburg at (509) 337-6371.

□ UBI numbers can be obtained at the Department of Labor & Industries, located in Kennewick, WA. The phone number is 1-800-547-9411. If you have general questions about starting and/or operating a business in Washington State, contact the Business Assistance Center at 1-800-237-1233.

□ If your business involves the storage, serving or handling of food items, contact the Walla Walla County City Health Department at (509) 524-2650. The office is located at 310 W. Poplar St., Walla Walla, WA 99362.

□ Before having a sign constructed, contact the City of Waitsburg at (509) 337-6371 for signage regulations and permit information.

□ Remember that an incomplete application may delay the processing of your license. Be sure to review your application prior to submittal to ensure completeness.

□ City of Waitsburg business licenses are NOT transferable. If your business changes ownership or if substantial changes are made in the type of business, a new business license application must be submitted.

□ Business licenses expire June 30 of each year. Failure to renew your license by July 1 results in a late penalty of $5.00 per month for each month thereafter. The City will send a renewal notice to your mailing address on June 15. If you have not received the notice by June 30, please contact the City of Waitsburg at (509) 337-6371 to confirm your mailing address.

□ The City’s Location Code for the State of Washington Department of Revenue Form 40-2406Q is #3603.

□ If you have any questions or require more information, please contact the City of Waitsburg’s City Hall at (509) 337-6371, Monday through Friday, 8 a.m. to 4 p.m.
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147 Main St., P.O. Box 35  
Waitsburg, WA 99361

COMMERCIAL BUSINESS LICENSE APPLICATION

_____ New Business  
_____ Existing Business, Substantial Changes  
_____ Existing Business, No Substantial Changes  
_____ Late Renewal

Name of Business:______________________________________________________________________

Business Location:_____________________________________________________________________

Business Phone:________________________________________________________________________

Mailing Address:_______________________________________________________________________

State UBI No.:______________________

Business is a:   _____ Corporation    _____ Partnership    _____Sole Proprietor

Detailed Description of the Nature of Business:_______________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Length of Time at Present Location:________________________________________________________

Is Business Part-Time?   _____ Yes   _____ No

1. Legal Owner’s Name:____________________________________        Phone:___________________
                                  Legal Owner’s Address:_____________________________________________________

2. Legal Owner’s Name:____________________________________        Phone:___________________
                                  Legal Owner’s Address:_____________________________________________________

BUSINESS SITE INFORMATION

Property Owner’s Name:________________________________________________________________

Property Owner’s Address:______________________________________________________________
Property Owner’s Phone:________________________________________________________________

-------------------PLEASE COMPLETE AND SIGN BACK OF APPLICATION

[  ] Please check if you would like to be included on the City’s Website (www.cityofwaitsburg.com)
or if you already have a site and would like a link generated please include below.

__________________________________________________________________________________

I hereby attest under penalty of perjury that the information I have provided on this application is true and correct. I understand my place of business must comply with all federal, state, and local codes and ordinances.

_________________________________________________  _____________________
Applicant’s Signature        Date

Please allow a 14-day waiting period between receipt of a complete application and issuance of a business license.

**For Official Use Only:**

Application:     ______ Complete     ______ Incomplete

Business Name:________________________________________________________________________

□ Fee Paid       $50.00 (New)          $20.00 (Existing, no changes)

□ Penalty paid, if applicable:   $____________   ($5.00 per month past due)

□ Application:       Approved     Denied     Denied with conditions:_________________

_____________________________________________________________________________________

□ License Number Issued:    ______________________________

□ Date:       ______________________________

□ Clerk’s Receipt Number:   ______________________________

□ Approved By:__________________________________________
EMERGENCY CONTACT SHEET

The completion of the informational sheet is optional, but greatly appreciated and is not required for a business license.

The following information will be forwarded to the Waitsburg Joint Fire District #2, and the Walla Walla County Sheriff’s Office to be used in the event of an emergency.

Business Name:____________________________________________  Date:______________
Business Physical Address:________________________________________
Business Phone:________________________________________________________________________
Mailing Address:________________________________________________________________________
Manager:____________________________________________   Phone:___________________
Owner:______________________________________________   Phone:___________________
Normal Business Hours:_________________________________________________________________
Days Per Week:________________________________________________________________________
Lights on After Hours:   ______ Yes   ______ No   If yes, where?___________________
_____________________________________________________________________________________

EMERGENCY CONTACTS

In case of emergency during non-business hours, who should we contact? Please list individuals who have access to the establishment. This will help eliminate delays in an emergency situation. Thank you!

Name:__________________________________________  Phone:________________________
Name:__________________________________________  Phone:________________________
Name:__________________________________________  Phone:________________________