

CITY OF LANGLEY
ANNUAL BUSINESS LICENSE APPLICATION -
NON-RESIDENT BUSINESS

per Langley Municipal Code Chapter 5.04

(Do not use this form if you are located within the City limits, are a temporary vendor, or a construction contractor)

Is this a new business? (Yes/No) _____. If making changes to an existing license: license account# _____

Business Legal Entity Name _____

Legal Entity Type: Sole Proprietor ___, Corporation ___, Partnership ___, Joint Venture ___, Private Association ___,
Non-Profit (**provide IRS designation letter to waive fee**) ___, Limited Liability entity (specify type): _____
Tribal Government ___, Other type: _____

WA State Tax Registration No. (9-digit "UBI Number") _____ **(Required)**

State Non-Profit/Charity Registration Number _____ (if applicable)

Name(s) of Owner(s) (Officers if corporation) _____

Phone _____ Email _____

Business Physical Location/Address _____

Mailing Address _____

Nature of Business (list all types of business engaged in at this location) _____

Liquor License Required? (Yes/No) _____ County Health Permit Required? (Yes/No) _____

Is your yearly gross revenue within City limits more than \$2,000? (Yes/No) _____ (If "No", license fee is waived.)

NOTICE: All Licensees shall be responsible for complying fully with all local, state and/or federal laws pertaining to the business and location. Failure to comply may result in non-issuance or revocation of any business license issued.

Include check/cash:
or **fee \$66** _____ Non-Resident (office/location outside City limits) per calendar year
fee waived _____ Non-profit or less than \$2,000 gross income within City limits

I certify under penalty of perjury that the information above is correct, to my best knowledge and belief.

Signature Date

Title

SUBMIT LICENSE and FEE TO:
CITY OF LANGLEY
P.O. BOX 366
LANGLEY, WA 98260

CITY USE ONLY – DO NOT WRITE BELOW THIS LINE

| | | |
|---|---------------------------|--------------------------|
| Date Processed _____ | License Year _____ | License No. _____ |
| Paid By _____ | | |
| Location Approved: Building Official/ Planning Official (signature/date) _____ | | |