CITY OF LANGLEY
ANNUAL BUSINESS LICENSE APPLICATION
per Langley Municipal Code Chapter 5.04
(Do not use this form if you 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) ____________________________________________

# of full-time employees__________; Number of part-time employees_____________________

Phone __________________________ Email _____________________________________________

Business Physical Location/Address __________________________________________________

Mailing Address _________________________________________________________________

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

Is this business located in your home? (Yes/No) ________; if “Yes” Request a Home Occupation Application

Installing a sign? (Yes/No) ________; if “Yes” Request a Sign Permit Application

Are you offering lodging for less than 30 days? (Yes/No) ________; if “Yes”, request a Short Term Rental (STR) License Application. Business License will be issued concurrent with license to operate STR. (See L.M.C. 18.22.070)

Will hazardous material or flammable liquid or gas be stored? (Yes/No) ____________

Does the building have an automatic sprinkler system? (Yes/No) ____________ Fire Alarm? (Yes/No) ____________

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 applications for a new business license or change in use or occupancy are required to have an inspection by the City Building Official and a Certificate of Occupancy. 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: fee $138 _____ Resident Business (physical location inside City) per calendar year

or fee $66 _____ Non-Resident (office/location outside City limits) per calendar year

or 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

CITY USE ONLY – DO NOT WRITE BELOW THIS LINE

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Date Processed __________  Paid By ________________

Location Approved: Building Official/ Planning Official (signature/date)