

CITY OF LANGLEY
ANNUAL BUSINESS LICENSE APPLICATION - RESIDENT BUSINESS
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 new 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 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

Date Processed _____	License Year _____	License No. _____
Paid By _____		

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