



**CITY OF PACIFIC**  
 100 3RD AVE SE  
 PACIFIC, WA 98047  
 CITY HALL (253) 929-1100  
 FAX (253) 939-6026

**Application for Business License (PMC Title 5)**

*Please fill out this form in its entirety. Incomplete applications will not be accepted.*

**This is an APPLICATION ONLY, and NOT a license to conduct business  
 You must obtain a business license PRIOR to conducting business.**

PLEASE CHECK ONE (1) :                      **New** \_\_\_\_\_                      **Renewal** \_\_\_\_\_

<b>Business Name:</b>
<b>Address:</b>
<b>Mailing Address:</b>
<b>Business Telephone No.(s):</b>
<b>Business Fax No.:</b>
<b>How long at present location:</b>

<b>Please give the type and details of business:</b>

Business Offices <i>Outside</i> City Limits - Flat fee \$50.00
Business Offices <i>Within</i> City Limits
<b>Please note specifically the number of employees</b>
_____ Home Based Business ..... \$50
_____ 1 to 5 Employees..... \$50
_____ 6 to 12 Employees..... \$60
_____ 13 to 25 Employees..... \$70
_____ 26 to 50 Employees..... \$80
_____ 51 Employees and over..... \$100
Special Licenses & Fees: Amusement Devices, Gambling, Games of Chance, and Cabarets. (Special Fees – Contact City Clerk’s Office)

<b>*MANDATORY</b> - Washington State UBI No.: _____ - _____ - _____
Federal ID No: _____ - _____
Contractor, Daycare or Other Specialty License Required: _____
Expiration Date: _____

<b>List all persons having an ownership/management interest in this business:</b>					
First	MI	Last	Address	Telephone	Date of Birth

**For New City of Pacific businesses only, please attach a copy of drivers license(s) with application for each person listed above.**

**FEE MUST ACCOMPANY APPLICATION - NON-REFUNDABLE**  
**RENEWALS ARE DUE JANUARY 15th**  
**LATE PENALTY - 30 DAY DELINQUENCY CHARGE OF 50% + 10% FOR EACH SUCCEEDING MONTH**

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**This section to be completed by business within the City of Pacific**  
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<b>Amusement Devices on Premises?</b>	If yes, number of devices? _____
Serial Numbers for each:	
<b>Do you store FLAMMABLE, TOXIC OR HAZARDOUS Materials?</b> _____ Yes _____ No	
If yes, type and quantity:	
<b>Does the business location have automatic sprinkler, fire alarm system, security alarm, or other?</b>	
_____ Yes _____ No    If yes, please describe _____	
*All security alarm systems must be registered with the City of Pacific	
<b>Does the business location have an irrigation system?</b> _____ Yes _____ No	

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NOTICE: Issuance of a license pursuant to this application shall not constitute an assurance or representation that the business, or it's location, complies with applicable local, state or federal laws. All licensees shall be responsible for complying fully with all such laws.

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

**Signed by:** \_\_\_\_\_  
**Title:** \_\_\_\_\_  
**Application Date:** \_\_\_\_\_

Note: Additional City Permits may be necessary before you can commence business. If you change your business address, nature of business, or if you are no longer doing business in Pacific, please notify the City Clerk's Office (253) 929-1105

<b>FOR OFFICE USE ONLY</b>		License # _____ - _____	Date: _____
Date: _____	Receipt: _____	Fee: _____	Drivers License _____ State License _____
Building _____	Approved _____	Date: _____	
Comments: _____		See attached _____	
Fire _____	Approved _____	Date: _____	
Comments: _____		See attached _____	
Police _____	Approved _____	Date: _____	
Comments: _____		See attached _____	