



**CITY OF BLACK DIAMOND
BUSINESS LICENSE APPLICATION**
 PO BOX 599 – 24301 Roberts Dr
 Black Diamond, WA 98010
 Phone: 360.886.5700 – Fax: 360.886.2592

Please check all boxes that apply: New Business Existing Business/New Owner Change in Business Location
 Business located inside city limits Business is located outside city limits Home Occupation (must include completed Home Occupation Supplemental form)

****Non-Profit organizations are exempt from obtaining a Business License per 2.58.025 if current holder of a 501C(3) letter****

BUSINESS INFORMATION

| | | | | | |
|--------------------------|----------|--------|---------------|--------|------|
| Legal Business Name: | | | | BUS - | |
| Doing Business as (DBA): | | | Contact Name: | | |
| Physical Address: | | Unit#: | City: | State: | Zip: |
| Phone: () | Fax: () | | Email: | | |
| Mailing Address: | | Unit#: | City: | State: | Zip: |
| Phone: () | Fax: () | | Email: | | |

EMERGENCY CONTACT (After Hours)

| | |
|-------------------------------|------------|
| Emergency Contact/Owner Name: | Phone: () |
|-------------------------------|------------|

BUSINESS DESCRIPTION

Type of License: Regular Utility Pawnbroker Firearms Dealer Carnival

Type of Business: Construction Food Service Light Industrial Medical Personal Services
 Professional Services Real Estate Retail Sales Wholesale Electric Natural Gas Cable
 Solid Waste Telephone Other _____

| | |
|--|-----------------|
| Number of employees performing duties or based inside city limits: | WA State UBI #: |
|--|-----------------|

Please describe the nature of your business:

Have you purchased this establishment/new owner? YES or NO (please circle)

Check all that apply: Do you dispose of chemicals, sludge or commercial waste?
 Do you handle or store hazardous materials? Do you serve liquor? License # _____

What was the prior occupant of this space?

Any remodeling or changes to the space or structure? If yes, explain:

A SIGNATURE IS REQUIRED IN ORDER TO PROCESS THE APPLICATION

As applicant, I certify or declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. I understand that any misrepresentation or omission on this application will result in revocation of this Business License.

| | |
|---------------|-------|
| Signed by: | Date: |
| Title/Office: | |

Applications must be completed in full and returned with the applicable non-refundable application fee. Incomplete applications will not be processed. A new license is required if a business changes location or ownership. Please notify the City of Black Diamond if the business closes.

The City's acceptance of your application and fee does not constitute approval or authorization to conduct business. Other permits and/or licenses may be required.