



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

A 30 DAY LICENSE MAY BE ISSUED FOR BUSINESSES NOT LOCATED IN THE CITY LIMITS THAT ARE PERFORMING SHORT TERM WORK. (BDMC 2.58.040(E))

****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: |
| Phone: () | | Fax: () | | Email: | |
| Mailing Address: | | Unit#: | City: | | State: |
| Phone: () | | Fax: () | | Email: | |
| BUSINESS DESCRIPTION | | | | | |
| Temporary License (30 days): Start Date _____ | | | | | |
| Type of Business: <input type="checkbox"/> Construction <input type="checkbox"/> Food Service <input type="checkbox"/> Light Industrial <input type="checkbox"/> Medical <input type="checkbox"/> Personal Services <input type="checkbox"/> Professional Services <input type="checkbox"/> Real Estate <input type="checkbox"/> Retail Sales <input type="checkbox"/> Wholesale <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Cable <input type="checkbox"/> Solid Waste <input type="checkbox"/> Telephone <input type="checkbox"/> Other _____ | | | | | |
| Number of employees: | | | WA State UBI #: | | |
| Please describe the nature of your business: | | | | | |
| Check all that apply: <input type="checkbox"/> Do you dispose of chemicals, sludge or commercial waste? <input type="checkbox"/> Do you handle or store hazardous materials? <input type="checkbox"/> Do you serve liquor? License # _____ | | | | | |

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.