

# CITY OF KIRKLAND APPLICATION FOR BUSINESS LICENSE



City of Kirkland  
Customer Accounts/Licensing  
123 5th Avenue  
Kirkland, WA 98033-6189

Phone 425.587.3140  
www.kirklandwa.gov  
license@kirklandwa.gov  
Fax 425.587.3110

**INSTRUCTIONS:**

**Items 1-27 must be completed, or application will not be accepted.**

**Please print or type.**

**Application must be signed.**

**If form is not fully completed, a delay in processing the application will occur.**

**License Fee:**

- Please refer to the Business License Application Fee Worksheet for fee calculations.
- Return Application. Payment Accepted: Check, Cash, Visa or Mastercard

FOR OFFICE USE ONLY:

4313 \_\_\_\_\_

4314 \_\_\_\_\_

4312 \_\_\_\_\_

Check # \_\_\_\_\_

Receipt # \_\_\_\_\_

**1. Business Organization:**  Sole Proprietor  Partnership  Corporation  LLP  LLC

**2.** \_\_\_\_\_  
*Legal Entity* *DBA (Doing Business As)* *Business Phone*

**3.** \_\_\_\_\_  
*Business Address (Site Address of Business)*

**4.** \_\_\_\_\_  
*Mailing Address (if different from business address)*

**5.** \_\_\_\_\_ **6** \_\_\_\_\_  
*Opening Date of Business at this location* *Unified Business Identifier Number (UBI)*

**6. Are you a utility company?**  Yes  No **Specify type** \_\_\_\_\_

**7. List names of owners partners, or officers: (ONLY LIST 3)**

	(1)	(2)	(3)
Name:	_____	_____	_____
Address:	_____	_____	_____
City/State/Zip:	_____	_____	_____
Home Phone:	_____	_____	_____

**8. Emergency Notification (must list two local contacts):**

	(1)	(2)
Name:	_____	_____
Address:	_____	_____
City/State/Zip:	_____	_____
Home Phone:	_____	_____

**9. Property Owner(s)/Leasing Agent**

(1)

(2)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Aip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

**10. Specifically describe your business activity:** \_\_\_\_\_

**11. Is this business a change of ownership, location change, entity change (within the City of Kirkland), or business activity change?**

Yes  No If yes, please indicate: \_\_\_\_\_

**12. Is there a Change of Use occurring on the property e.g. retail to restaurant? If yes, did you check with**

- Planning Department for allowed use, signage or parking (425.587-3225)  Yes  No
- Fire and Building Department for Fire and Building Codes (425.587-3600)  Yes  No

**13. Is this business conducted in a residence?**

Yes  No **If yes, you must submit a Home Occupation Agreement in addition to this form.**

**14. Occupancy Type:**

Apartment Building / Condo  Office Building  Single Family / Duplex  Church

Hospital / Nursing Home  Retail  Warehouse

Hotel / Motel  School  Other (Please Specify) \_\_\_\_\_

**15. Number of square feet (gross) of floor space / business activity uses:** \_\_\_\_\_

**16. Number of workers at this location including owner / manager:** \_\_\_\_\_

**17. Type of Business:**

Business/Prof. Office  Restaurant  Wholesale  Religious

Manufacturing  Retail  Government  Utility

Medical / Dental Services  Service  Social/Service Org.  Other(Specify) \_\_\_\_\_

**18. Is this a non-profit organization?**  Yes  No

*If yes, please provide a copy of IRS 501(c)(3) Federal Tax Exemption Certificate.*

**19. Will any type of live music be conducted at business?**  Yes  No

**20. Will any admission fees or cover charge be charged?**  Yes  No

**21. Do you store flammable or hazardous materials?**  Yes  No

*If yes, please attach a list of type and quantity.*

**22. Do you or will you have a security alarm(s)?**  Yes  No

**23. Has your security alarm system been registered with the City?**  Yes  No

*If no, you must contact the False Alarm Managing employee at 425.587.3142 to obtain an Alarm Register Application.*

**24. Will waste material (other than restrooms) be discharged into the sewer?**  Yes  No

If yes, indicate type:

- Cooling Water     Grease     Wash Down or Floor Cleaning  
 Food Waste     Product Waste     Other (Please Specify) \_\_\_\_\_

**25. Will you have any sanitary sewer connections from your production area (other than restrooms)?**

Yes  No

If yes, indicate type:

- Catch Basins     Floor Drains     Sinks     Sumps  
 Other (Please specify) \_\_\_\_\_

**26. Are you the first tenant at this location?**  Yes  No

If no, name of previous business at this location: \_\_\_\_\_

**27. Is this business license application for a Home Daycare?**  Yes  No

If yes, please indicate the following:

DSHS License / Certification No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Maximum Number of children authorized by DSHS: \_\_\_\_\_

Actual number of children enrolled: \_\_\_\_\_

**BUSINESS OWNER MUST ENSURE COMPLIANCE WITH ALL LAWS:**

Do not engage in business practices until you receive an approved license. When the City issues a business license, the City is not representing that the business is in compliance with all local, state and federal laws.

**DECLARATION:**

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Applicant's Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ email address: \_\_\_\_\_

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## Business License Application Fee Worksheet

You may be eligible to pay a fee of \$50 rather than a basic business license fee of \$100 under the following circumstances. Businesses without a full year history must estimate their gross receipts for the first 12 months of business.

1. Are the annual gross receipts of your business less than \$12,000?  Yes  No \$ \_\_\_\_\_

**If yes, STOP HERE.** Your registration fee is \$50.

**Exemptions:**

You may be eligible to register a business license application under this chapter and be exempt from any fees.

1. Are you a qualified **governmental or religious organization?**  Yes  No

If you engage exclusively in religious activities or governmental functions, or if any of your activities go beyond core religious functions, or if any of your activities go beyond core governmental functions, then skip down to the regular business license section. You will pay a base fee and follow special instructions for calculating the Revenue Generating Regulatory License.

2. Are you a **civic group, service club, or social organization?**  Yes  No

that is not engaged in any profession, trade, calling, or occupation, but is organized to provide civic, service, or social activities in the city.

3. Are you a **non-profit organization exempt from Federal Income Tax?**  Yes  No

[a copy of the 501(c)(3) is required]

**If you answered yes to questions 1 - 3, STOP HERE.** Your fee is \$0. Licensing of a business and an annual updated information is required. All other businesses proceed below.

If you do not qualify for an exemption or \$50 fee, the base fee and RGRL will apply as calculated below.

**Base Fee:** All businesses operating in Kirkland exceeding \$12,000.00 are subject to a **base fee of \$100.**

**Revenue Generating Regulatory License Fee Calculation = FTE x \$105.00**

<p>How many employees (or Full Time Equivalents), including officer / owner / manager, are employed at this location? If you have part-time employees, the FTE calculation worksheet as shown at the bottom of this page must be completed to substantiate your FTE calculation.</p> <p>Add the RGRL amount and the base fee. This total amount is your business license tax fee.</p>	<p>Number of FTEs _____ x \$105 = \$ _____</p> <p>Plus: BaseFee = \$ <u>\$100.00</u></p> <p>Total Fee = \$ _____</p>
	<p>Minimum payment \$205.00. Must claim 1 employee.</p>

**Definitions:**

**Qualified Nonprofit Organization** - Certain organizations exempt from Federal Income Tax: An organization that files with the City a copy of its current IRS 501(c)(3) exemption certificate issued by the Internal Revenue Service.

**Government Organization** - A governmental entity that engages solely in the exercise of governmental functions. Activities which are not exclusively governmental, such as some of the activities of a hospital or medical clinic, are not exempt under this chapter.

**Religious Organization** - A nonprofit business operated exclusively for a religious purpose, upon furnishing proof of the Finance Director of its nonprofit status. For the purposes of this chapter, the activities that are not part of the core religious functions are not exempt.

*Note for new Businesses* - The Revenue Generating Regulatory License for a business that did not submit reports for each of the last 4 quarters to L & I shall be based on the estimated number of employees of that business. If, during the license year, the City determines that the actual number of employees is significantly different than estimated, then the amount of the Revenue Generating Regulatory License may be recalculated for the new business. If the revised Revenue Generating Regulatory License is higher, the business must pay the difference within 30 days after notification. If the Revenue Generating Regulatory License is lower, then the difference will be refunded within 30 days.

**New Business Incentive**

New Business in the City of Kirkland, with 10 or fewer employees, are now exempt from the per employee fee (Revenue Generating Regulatory License - RGRL) for their first year of business. They are only required to pay the basic fee and register all employees.

**Full Time Equivalent Calculation Chart** (estimate for new businesses)

Hours worked by persons who are defined as employees for Revenue Generating Regulatory License must be included in the calculation even if the business is not required to report to the Washington State Department of Labor and Industries (L&I) concerning such person.

<p>Employee hours reported from January through December of the previous calendar year <b>(include full-time &amp; part-time employees, owners, officers and partners)</b></p>	
<p>_____ Quarter 1 + _____ Quarter 2 + _____ Quarter 3 + _____ Quarter 4 = _____ Total for four quarters</p>	
	<p>Divide by <u>1920</u></p> <p>_____ *</p>
<p>Minimum payment \$205.00. Must claim 1 employee.</p>	<p>* A fraction shall be rounded to the closest whole number</p>

**The City reserves the right to request verification of information provided on the application form and fee worksheet.**