



City of Moxee

BUSINESS LICENSE APPLICATION Application Fee \$40.00

Applicant Name: _____ Applicant Title: _____
 Business Name: _____ WA State UBI: _____
 Email Address: _____ Business Phone: _____
 Physical Address: _____ City: _____ State: _____ Zip Code: _____
 Mailing Address: _____ City: _____ State: _____ Zip Code: _____
 Emergency Contact Person: _____ Emergency Contact Phone: _____
 Individual: Partnership: Association: Corporation: LLC: Landlord: Other: _____
 Landlords: Street Address of Moxee Rental Property(s): _____

***** **For Renewals Only – Fill out the above, and Skip to Last Section page 2** *****

Type, Nature, and how you conduct your business: _____

For Businesses located **OUTSIDE** Moxee City Limits:

Does the business **GROSS** MORE than \$2000 Income within 1 year from business conducted within Moxee? Yes No
 If NO, you are exempt, no license will be issued. Skip to last Section page 2

For Businesses located **INSIDE** Moxee City Limits:

Do you use or store flammable or hazardous materials? Yes No
 Do you conduct your business from your home in Moxee; or use your home as your office? Yes No
 Do you have an alarm system? Yes No
 Will there be any type of gambling activities? Yes No
 Are you replacing a Previous Business? Yes No
 If yes, what was previous business name? _____
 What are the days and hours of operation? _____
 Including Seasonal workers, how many employees do you have DURING PEAK SEASON? _____
 Do you have employees that come to this address? Yes No If Yes, How Many, how often _____
 Do you have Customers that come to this address? Yes No If Yes, How Many, how often _____
 If you **DO NOT** own the Property:
 Property Owners Name: _____ Property Owners Phone: _____
 Property Owner Mailing Address: _____
 Parcel # _____ Has the property owner been notified about your business? Yes No

For Office Use Only

Received By: _____ Fee Paid: \$ _____ Date _____ Receipt # _____ New: Renewal:
 Approved by: _____ Date: _____ Conditions _____ License # _____
 Change of Use: Yes No ~ Fire, Life & Safety Inspection required? Yes No ~ **EXEMPT** _____



City of Moxee

LIST BUSINESS OWNERS / OFFICERS BELOW

How many Business Owners are there? _____

Name: _____ Title: _____

Home Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____ Emergency Contact

Name: _____ Title: _____

Home Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____ Emergency Contact

Moxee Municipal Code 5.05.020. License Required

It is unlawful for any person, partnership, company, association, or corporation to conduct, operate, engage in or practice any business within the city without having first obtained a business license from the city. If more than one business is conducted on a single premise, a separate license shall be required for each separate business conducted, operated, engaged in or practiced.

The issuance of the business license is a tax on your business activity and does not entitle you to conduct a business in violation of any Federal, State or local laws applicable to the business operation. The business must be located in an area zoned to permit the business activity. Any construction or remodeling requires a building permit and must conform to the building and fire codes.

For your protection, before you commence business, you are notified to ascertain proper zoning regulations, building code requirements applicable to your business premises and a fire life and safety inspection of your premises. You are also required to notify City Hall in the event of a change in your business location.

I have read the above and I understand the above-mentioned information on this form, that a business license fee is a tax on the business activity and does not entitle me to conduct a business in violation of any Federal, State or local laws applicable to the business. I also understand that I must conform to the proper City of Moxee codes before operating my business. I further certify that the information provided on this form is correct.

Applicant Signature: _____ Date: _____

Print Name: _____ Daytime Phone Number: _____