



City of Tukwila

6200 Southcenter Boulevard
Tukwila, WA 98188-2544
206-431-3680/licensing@tukwilawa.gov
FAX: 206-433-1833

2015 Outside Contractor - Business License Application

**FILL OUT THIS FORM IN ITS ENTIRETY
INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED**

This is an **APPLICATION ONLY**, not a license to conduct business.

You must obtain a business license **PRIOR** to conducting business. **ALL LICENSES EXPIRE DECEMBER 31**

Business License: New Renewal Name Change Address Change Usage Change UBI # Change

Business Information

Business Name (Legal)		Mailing Address (if different than business address)		
DBA (Doing Business As)		Address		Suite #
Business Address		Suite #	City	ST ZIP
City	ST	ZIP	Corporate Email	Corporate Phone #
Email	Bus Phone #			
Are you a Utility Company <input type="checkbox"/> No <input type="checkbox"/> Yes, if yes specify type: _____		Ownership Status <input type="checkbox"/> Individual/ Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Non-Profit 501C3 <input type="checkbox"/> Government <input type="checkbox"/> LLC		
Duration of Work here in the City: Temporary Job/Work: <input type="checkbox"/> No <input type="checkbox"/> Yes (Example: Contractor) Regular Work/Service provided: <input type="checkbox"/> No <input type="checkbox"/> Yes (Example: Service Provider)		WA STATE Contractor's License # <small>(required if Contractor)</small>	WA STATE UBI # REQUIRED	

Description of Business (in detail, list services and/or type of products sold or stored) **REQUIRED**

Planning & Building Information

Are you presently doing any installation of New Signage or Changes to existing signage, including copy changes? No Yes
If yes, you must complete the City of Tukwila Sign Affidavit stating that you have read and understand TMC-Title 19 Sign Code.

List all Owners/Partners/Officers (please attach separate sheet if needed)

Name 1:	Title:	Driver's License # REQ	Issuing State
Home Address	City, ST & ZIP	Phone: Work / Cell / Home	Date of Birth REQ
Name 2:	Title:	Driver's License #	Issuing State
Home Address	City, ST & ZIP	Phone: Work / Cell / Home	Date of Birth

Business License Fee

Licenses are valid **JANUARY 1 - DECEMBER 31** (Licenses are not pro-rated.)

- A. _____ Total Number of Hours worked in Tukwila by Owners, Managers & Employees, Jan - Dec.
 - One Full-Time Equivalent (FTE) Employee = 1,920 hours (per WA State Dept. of Labor & Industries)
 - Report only those hours worked in Tukwila.
 - Report all hours worked for each job in Tukwila, this would include on-site, planning, office hours worked etc.
- B. _____ Multiply line "A" by \$0.034896 (if less than \$67, pay \$67 minimum)
- C. _____ Business License Fee, enter amount from line "B".

Please make checks payable to "City of Tukwila" (All fees paid are non-refundable.)

I certify the information contained herein is correct. I understand that any untrue statement is cause for revocation of my license.

Print Name	Title/Position
Signature	Contact Phone Number

FINANCE USE ONLY

Received by:	Customer #:	Activity #:
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