



City of Mercer Island

9611 SE 36th Street • Mercer Island, WA 98040-3732

PHONE (206) 275-7605 • FAX (206) 275-7726

www.mercergov.org

APPLICATION FOR BUSINESS LICENSE

**RETURN COMPLETED APPLICATION and
ENCLOSE \$30.00 LICENSE FEE CHECK MADE
PAYABLE TO:**

CITY OF MERCER ISLAND

9611 SE 36TH ST

MERCER ISLAND WA 98040-3732

For additional information call: (206) 275-7783

Receipt # _____

Application Date _____

Issuance Date _____

License Number _____

****WASHINGTON STATE DEPARTMENT OF REVENUE REGISTRATION (UBI) #** _____

BUSINESS NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE() _____

ADDRESS OF PHYSICAL LOCATION OF BUSINESS IF OTHER THAN ABOVE:

_____ PHONE () _____

NATURE OF BUSINESS _____ No. of Employees _____

BUSINESS CLASSIFICATION:

- HOME OCCUPATION (business conducted within a home).
- Resident Commercial Business (business conducted from place of business located in the non-residential zone of Mercer Island). Square footage of business _____.
- Non-Resident Commercial Business (business conducted from place of business located outside of Mercer Island).
- Temporary Business (business conducted for period of less than one month).
- Master Exhibitor's License (available for sponsors of carnivals, exhibitions or like events not extending more than 7 days).

OWNERSHIP IS: Sole Proprietorship Partnership Corporation LLC

PRINCIPAL(S) _____

The undersigned hereby applies for a business license in accordance with the foregoing information, under and pursuant to Mercer Island City Code section 5.01, and hereby certifies the information contained herein as true and correct to the best of the applicant's knowledge and belief.

SIGNATURE OF APPLICANT _____

NAME (Please Print) _____ Date _____

NOTE: Contractors please complete and sign the reverse side

Washington State Contractors License Number _____

Effective Date _____ Expiration Date _____

AFFIDAVIT OF ELIGIBILITY FOR BUSINESS LICENSE

I/We, the undersigned, have read and understand the provisions of MICC section 5.01.130 below. I/We, the undersigned, do hereby certify that the provisions of MICC section 5.01.130 do not apply to myself or any of my servants, agents or employees. I/We, the undersigned, do hereby certify that it is understood that if the provisions of MICC section 5.10.130 do apply, the business license may be denied, suspended or revoked. I/We, the undersigned, do hereby certify, under penalty of perjury, that the information furnished herein and in connection with the application for a business license is true and correct to the best of my knowledge, information and belief.

SIGNATURE OF APPLICANT _____ DATE _____

MERCER ISLAND CITY CODE Section 5.01.130 – Denial, suspension or revocation of licenses.

- A. Revocation by City Clerk. The City Clerk shall have the right to revoke and suspend any license at any time on the following grounds:
 1. That the license was procured by fraud or false representation of facts;
 2. That the applicant or licensee or any of his servants, agents or employees, while acting within the scope of their employment, has violated or failed to comply with any of the ordinances of the city; provided that this section of said violations are corrected within a period of thirty (30) days from the date of the violation or when said violations are deemed not significant by the City Clerk; or said violations are deemed not significant by the City Clerk; or
 3. That the licensee or any of his servants, agents or employees has been convicted of either a felony or misdemeanor involving moral turpitude, or involving fraud or an attempt or defraud while acting within the scope of their employment;
 4. Conviction of a violation of any provision of this title shall be prima facie evidence to warrant suspension or revocation of the license.

The City Clerk, upon finding that one or more of the above cited conditions exist, shall suspend the business license for a period of thirty (30) days in case of a first violation and revoke the business license in cases involving a second violation.

FOR CITY USE ONLY

DEVELOPMENT SERVICES AND PUBLIC SAFETY REVIEW

- | | |
|-------------------------------|--------------------------------------|
| 1. ZONING _____ | 9. COMMENTS _____ |
| 2. PARKING _____ | _____ |
| 3. SIGNS _____ | _____ |
| 4. TYPE OF CONSTRUCTION _____ | _____ |
| 5. OCCUPANCY GROUP _____ | |
| 6. AREA (Sq. ft.) _____ | 10. Following information sent: |
| 7. NUMBER OF STORIES _____ | a. Home occupation information _____ |
| 8. OCCUPANT LOAD _____ | b. Other _____ |

FINAL APPROVAL

FIRE OFFICIAL _____ Date _____

CODE OFFICIAL _____ Date _____