MARIJUANA BUSINESS LICENSE APPLICATION

Physical Address:
Auburn City Hall Annex, 2nd Floor
1 E Main St

Mailing Address:
25 W Main St
Auburn, WA 98001

Phone and Email:
253-931-3090 Option 2
businesslicenses@auburnwa.gov

Website: www.auburnwa.gov

BUSINESS INFORMATION

1. Select one: ☐New Business ☐New Location ☐New Owner ☐Name Change ☐Outside City

2. Business Name: _____ First Day of Business in Auburn: _____

3. Business Address: _____ Suite:_____

   City: _____ State: _____ Zip:_____

4. Business Phone: ( )_____ Business Email:_____

5. Type of Business: ☐Manufacturing ☐Wholesale ☐Retail ☐Service

6. Description of Business Activity:_____

7. Type of Ownership: ☐Sole Proprietorship/Individual ☐Corporation ☐LLC ☐Partnership

8. Washington State LCB License Number _____

9. Washington State UBI: _____ NAICS Code(s): _____

10. Federal Tax Identification Number (EIN): _____ Number of Employees:_____

PROPERTY/BUILDING INFORMATION

11. Parcel Number: _____

12. Total Building Square Footage:_____ Square Feet Used for Business: _____

13. Please provide estimated square footage for each of the following activities:

    Retail: _____ Service: _____ Wholesale:_____ Manufacturing:_____

14. Will you modify the interior or exterior of the place of business or the property? ☐No ☐Yes
    If yes, describe_____

15. Do you intend to replace, relocate, or add a sign at the place of business? ☐No ☐Yes
    If yes, describe_____

16. Will hazardous materials be stored/used at this site? ☐No ☐Yes

17. Are you a business that makes edibles? ☐No ☐Yes If yes, provide a Fats, Oil, & Grease (FOG) Control Plan https://www.auburnwa.gov/forms

OWNER INFORMATION

Name: _____ Department/Person:_____

Address:_____ Suite/Unit:_____

City:_____ State: _____ Zip:_____

Phone:_____ Email: _____

Date of Birth: _____ Driver's Lic Number:_____

MAILING INFORMATION

Name: _____ Department/Person:_____

Address:_____ Suite/Unit:_____

City:_____ State: _____ Zip:_____

Phone:_____ Email: _____

LOCAL EMERGENCY CONTACT

Name: _____ Department/Person:_____

Address:_____ Suite/Unit:_____

City:_____ State: _____ Zip:_____

Phone:_____ Email: _____

I hereby certify and declare under penalty of perjury under Washington law that the statements furnished by me on this application are true and complete to the best of my knowledge. I understand that issuance of this license is conditioned upon compliance at all times with all applicable ordinances, regulations, conditions, and statutes of the City of Auburn and the State of Washington. The issuance of this business license does not imply compliance with the Zoning Code and International Fire and Building Codes.

_____

Signature

_____ _____

Printed Name Date