Additional information is required for the City of Port Townsend to process your business license application. **Please complete this form and return it within 7 business days.** Your business license is currently "pending" and is not yet approved.

Business Details

UBI number: _____Business Name: _____

Applicant Name: _____

Applicant phone: _____ Email: _____

1 Physical address of business: _____Port Townsend WA 98368

The building at this location is a: ☐ commercial building ☐ residential building/home

1a. Briefly describe the type of business and activities/products/services offered?

_____

_____

_____

See bottom of pg. 2 if operating in a commercial zone.

Residential Business Information

This section is only required for businesses operating from residential buildings.

2a. If you are operating your business from a residential building, is it your primary residence? ☐ YES ☐ NO

2c. Are you planning to have customers visit your home/property? ☐ YES ☐ NO

- If yes, how many customers visit per day? _____
- If yes, how many customers visit per week? _____

Is your business instructional (i.e., classes) ☐ YES ☐ NO

If yes:

- How many classes do you have in a week? _____
- How many students attend each class? _____
- If this is a childcare service – how many children will be on-site? _____

Not including yourself or anyone who lives in the home with you, will your business have any additional employees? ☐ YES ☐ NO

If yes, will these employees come to your property/work from your home? ☐ YES ☐ NO

If yes, how many full time or part time employees (who don't live with you) will come to your property/work from your home: _____

2d. What is the total square footage of your business? _____sq feet

Please note: For a business within a residential home, please include in your calculation only those area(s) of your home and any outbuildings on the property from which the business operates.

2e. Will your business generate any of the following: smoke, dust, fumes, vibrations, odors, or noise from equipment, tools, or other sources? ☐ YES ☐ NO

If yes, please describe: _____

_____

2f. In addition to the use of the main building on the property, please check any of the following that apply to your business:

☐ I plan to utilize existing outbuildings on the property for my business.
☐ I plan to add new sheds, shipping containers, or outbuildings to the property for my business.
☐ I plan to store business materials and/or equipment outside on the property.
☐ I plan to conduct work outside on the property as part of my business.

If you checked any of the boxes above, please provide details:

_____

_____

All Business Information

This section must be completed for all business licenses.

3. Associated improvements

- Do you plan to have sign(s) for your business? ☐ YES ☐ NO

  If yes what type?

  ☐ Home businesses sign: 1 sign no more than 3 square feet mounted on the wall of the house or accessory building

  ☐ Other. A sign permit is required. Information is available online at: https://cityofpt.us/planning- community-development/page/signs

- Are interior or exterior building modifications, remodeling, or other improvements planned or in process for your business? ☐ YES ☐ NO If yes, please describe:

_____

_____

3a. Will you be working with any hazardous materials? ☐ YES ☐ NO

If yes, please describe _____

3b. Does your business involve any food preparation/sales? ☐ YES ☐ NO

Additional Information
Please use this space if you need to provide any additional information

_____

_____

_____

_____