

|                                                                                                                       |           |                                                                                                                                              |          |                                                                                                                                                                                                                                                                                        |              |                                                                                                                                                                                                                                                                                 |            |                                                                             |
|-----------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------------------------------------------------------------------------|
|                                       |           | Application for<br><h1>Second Hand Sales License</h1><br>Finance Department • PO Box 128 •<br>Longview, WA 98632 • BandOtaxes@mylongview.com |          |                                                                                                                                                                                                                                                                                        |              |                                                                                                                                                                                                                                                                                 |            | License Year                                                                |
|                                                                                                                       |           |                                                                                                                                              |          |                                                                                                                                                                                                                                                                                        |              |                                                                                                                                                                                                                                                                                 |            | License Number                                                              |
|                                                                                                                       |           |                                                                                                                                              |          |                                                                                                                                                                                                                                                                                        |              |                                                                                                                                                                                                                                                                                 |            | Receipt Number                                                              |
| Business Name                                                                                                         |           |                                                                                                                                              |          | <u>Ownership</u><br><input type="checkbox"/> Sole Proprietor<br><input type="checkbox"/> Partnership<br><input type="checkbox"/> Corporation or LLC<br><input type="checkbox"/> Non-Profit                                                                                             |              | <u>Type of Business</u><br><input type="checkbox"/> Const. Contractor<br><input type="checkbox"/> Financial Institution<br><input type="checkbox"/> Manufacturing<br><input type="checkbox"/> Wholesale<br><input type="checkbox"/> Retail<br><input type="checkbox"/> Services |            | Home Occupation<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| Street Address of Business                                                                                            |           | State                                                                                                                                        | Zip      |                                                                                                                                                                                                                                                                                        |              |                                                                                                                                                                                                                                                                                 |            | No. of Employees                                                            |
| Mailing Address of Business                                                                                           |           | State                                                                                                                                        | Zip      | State UBI Number                                                                                                                                                                                                                                                                       |              | Contractor No. and Expiration Date                                                                                                                                                                                                                                              |            | Daycare License No.                                                         |
| Business Phone                                                                                                        |           | Detailed description of business                                                                                                             |          |                                                                                                                                                                                                                                                                                        |              |                                                                                                                                                                                                                                                                                 |            |                                                                             |
| -----                                                                                                                 |           | -----                                                                                                                                        |          |                                                                                                                                                                                                                                                                                        |              |                                                                                                                                                                                                                                                                                 |            |                                                                             |
| Owners, Partners or Officers                                                                                          |           |                                                                                                                                              |          | Home Address                                                                                                                                                                                                                                                                           |              |                                                                                                                                                                                                                                                                                 | Home Phone |                                                                             |
| -----                                                                                                                 |           |                                                                                                                                              |          | -----                                                                                                                                                                                                                                                                                  |              |                                                                                                                                                                                                                                                                                 | -----      |                                                                             |
| -----                                                                                                                 |           |                                                                                                                                              |          | -----                                                                                                                                                                                                                                                                                  |              |                                                                                                                                                                                                                                                                                 | -----      |                                                                             |
| <b>Emergency Information</b>                                                                                          |           |                                                                                                                                              |          |                                                                                                                                                                                                                                                                                        |              |                                                                                                                                                                                                                                                                                 |            |                                                                             |
| In an emergency (i.e., burglary or fire) the City will attempt to notify the owner first, then the following persons: |           |                                                                                                                                              |          |                                                                                                                                                                                                                                                                                        |              |                                                                                                                                                                                                                                                                                 |            |                                                                             |
| Name                                                                                                                  |           |                                                                                                                                              |          |                                                                                                                                                                                                                                                                                        |              | Phone                                                                                                                                                                                                                                                                           |            |                                                                             |
| -----                                                                                                                 |           |                                                                                                                                              |          |                                                                                                                                                                                                                                                                                        |              | -----                                                                                                                                                                                                                                                                           |            |                                                                             |
| Name                                                                                                                  |           |                                                                                                                                              |          |                                                                                                                                                                                                                                                                                        |              | Phone                                                                                                                                                                                                                                                                           |            |                                                                             |
| -----                                                                                                                 |           |                                                                                                                                              |          |                                                                                                                                                                                                                                                                                        |              | -----                                                                                                                                                                                                                                                                           |            |                                                                             |
| <b>Fees</b>                                                                                                           |           |                                                                                                                                              |          |                                                                                                                                                                                                                                                                                        |              |                                                                                                                                                                                                                                                                                 |            |                                                                             |
| New license:                                                                                                          |           | \$150                                                                                                                                        |          | Business license fees are \$150 per year. Renewal date:<br>January 15 of each year. After January 31, add late penalty of \$2<br>per month for renewal licenses only.<br>A Certificate of Occupancy is required.<br>See instructions on reverse side Under <u>Other Requirements</u> . |              |                                                                                                                                                                                                                                                                                 |            |                                                                             |
| Certificate of Occupancy:                                                                                             |           | \$20                                                                                                                                         |          |                                                                                                                                                                                                                                                                                        |              |                                                                                                                                                                                                                                                                                 |            |                                                                             |
| Fire/Life Safety Permit:                                                                                              |           |                                                                                                                                              |          |                                                                                                                                                                                                                                                                                        |              |                                                                                                                                                                                                                                                                                 |            |                                                                             |
| TOTAL FEES:                                                                                                           |           |                                                                                                                                              |          | Checks should be made payable and mailed to:<br>City of Longview, 1525 Broadway, PO Box 128, Longview, WA 98632                                                                                                                                                                        |              |                                                                                                                                                                                                                                                                                 |            |                                                                             |
| I certify that the above information is correct, as I have made corrections as needed.                                |           |                                                                                                                                              |          |                                                                                                                                                                                                                                                                                        |              |                                                                                                                                                                                                                                                                                 |            |                                                                             |
| Signature                                                                                                             |           |                                                                                                                                              |          | Print Name                                                                                                                                                                                                                                                                             |              |                                                                                                                                                                                                                                                                                 |            |                                                                             |
| Date                                                                                                                  |           |                                                                                                                                              |          | Office/Title                                                                                                                                                                                                                                                                           |              |                                                                                                                                                                                                                                                                                 |            |                                                                             |
| <b>For Office Use Only</b>                                                                                            |           |                                                                                                                                              |          |                                                                                                                                                                                                                                                                                        |              |                                                                                                                                                                                                                                                                                 |            |                                                                             |
| Zoning District                                                                                                       |           | Construction Type                                                                                                                            |          | Fire and Life Safety Classification                                                                                                                                                                                                                                                    |              |                                                                                                                                                                                                                                                                                 |            |                                                                             |
| Occupancy Classification                                                                                              |           | Occupant Load                                                                                                                                |          | Special Provision                                                                                                                                                                                                                                                                      |              |                                                                                                                                                                                                                                                                                 |            |                                                                             |
| Special Provisions                                                                                                    |           |                                                                                                                                              |          | -----                                                                                                                                                                                                                                                                                  |              |                                                                                                                                                                                                                                                                                 |            |                                                                             |
| -----                                                                                                                 |           |                                                                                                                                              |          | -----                                                                                                                                                                                                                                                                                  |              |                                                                                                                                                                                                                                                                                 |            |                                                                             |
| Building Official Signature                                                                                           |           |                                                                                                                                              | Date     | Fire Marshall Signature                                                                                                                                                                                                                                                                |              |                                                                                                                                                                                                                                                                                 | Date       |                                                                             |
| Amount paid                                                                                                           | Date paid | Date issued                                                                                                                                  | GEO Code | SIC Code                                                                                                                                                                                                                                                                               | Opening Date | Closing Date                                                                                                                                                                                                                                                                    |            |                                                                             |
| Comments                                                                                                              |           |                                                                                                                                              |          |                                                                                                                                                                                                                                                                                        |              |                                                                                                                                                                                                                                                                                 |            |                                                                             |

# Instructions for Completing Second Hand Sales License Form

**Business name and location:** If your business does not have a trade name, you may be licensed under your own name. Beauticians, crafters and other persons leasing space within an existing business establishment should use their own names as a business name. You must list the street address of your business. If your business office is in your home, your business address will be the same as your residence.

**Mailing address:** List the address where you would like your business license and B & O tax forms sent.

**Ownership:** List the type of ownership. For City business licenses purposes, corporations and LLC 's are placed in the same category. A "partnership" is defined as a legal partnership agreement prepared by an attorney and signed by all parties. Two persons can be listed on the business license under a "Sole Proprietor" classification simply by listing both names in the "Owners, Partners or Officers" box on the application form. Non-Profit organizations must supply a copy of the IRS Form confirming their non-profit status.

**Type of Business:** Mark one box that most applies to your business.

**No. of Employees:** Do not count yourself or your spouse.

**Description of Business:** Please describe exactly what you will be doing in your business.

**Owners, Partners or Officers:** If your business is a sole proprietorship, write your name, home address and telephone number here. If the business is a partnership or corporation, please list the first two officers here.

**Emergency Telephone Numbers:** List the names and telephone numbers of two persons whom emergency services personnel can contact in the event of a burglary, fire, or other emergency situation.

## **Other Requirements:**

- **Reporting Requirements:** Second-hand Dealers are required to provide weekly reports to the Longview Police Department. Reports must include an accurate description of all items received, the date received, and the name, residence and description of persons involved in the transaction.
- **Bonding Requirements:** Second-hand Dealers must submit a surety company bond in the penal sum of \$10,000 with their license application.