



City of Kent Master Business License Application

City of Kent Customer Service • 220 Fourth Avenue S. • Kent, WA 98032-5895
253-856-5210 • customerservice@KentWA.gov

DATE: _____

BUSINESS INFORMATION

All licenses expire December 31. Re-Issue invoice mailed end of calendar year.

Legal Entity Name: _____

Trade Name DBA: _____

Physical Address: _____ City: _____ State: _____ ZIP: _____

Mailing Address: _____ City: _____ State: _____ ZIP: _____

Email: _____ Phone: _____

WA State UBI#: _____

Individual Partnership LLC Corporation Other

Type of Business: (check all that apply) Wholesale Trade Retail Trade Service Manufacturing
 Construction Govt. Transp./Commun./Util. Finance/Insur./RE Education Health Industry
 Sales/Mktg. Other _____

Description of Business Activity: _____

Date when business activity began in Kent: _____

Owner(s)/Officers Name(s): _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Estimated Annual Gross Income in Kent (Check the box that applies to your business)

\$0 - \$2,000 \$2,001 - \$200,000 \$200,001 - \$1,000,000 More than \$1,000,000

Contact person: _____ Phone: _____ Email: _____

THIS SECTION APPLIES TO BUSINESSES THAT HAVE A PHYSICAL LOCATION WITHIN CITY LIMITS

COMMERCIAL BUSINESSES

NAICS Code: _____ Square Footage: _____

Do You Share a Location with Another Business? No Yes (If yes, please call C/S at 253-856-5201)

If so please list other entity: _____

Will your business engage in selling, giving away, distributing, dispensing, exchanging for anything of value, planting, growing, processing, packaging, storing, or any other act relating to marijuana as that term is defined in RCW 69.50.101?
 Yes No

Do you have more than one location within the City of Kent? Yes No

If yes, please list location(s): _____

Does your business require a specialty license (i.e. Applicable if your business has Amusement Devices, Cabaret, or Pool & Billiard Tables)? Yes No

If so please list: _____

Emergency Contact: _____ Phone: _____

_____ Phone: _____

Continued on back...

COMMERCIAL BUSINESSES (CON'T)

Total number of employees _____ (Use this number to determine license fee)

Driver's License # _____ (Kent Businesses only)

Fee Schedule

NUMBER OF EMPLOYEES: _____ OPENING JULY 1

0-24 Employees \$248.07 \$198.07

25-49 Employees \$348.07 \$248.07

50-99 Employees \$548.07 \$348.07

100 or more employees \$748.07 \$448.07

Independent Contractor \$101.00 \$51.00

(Example: Someone leasing a chair at a licensed salon or barber shop)

Non-Profit No Charge 501 (c)3 Required

Relocation in Kent No Charge **(New App. req.)**

Prior Kent Address: _____

NON-RESIDENT BUSINESS THIS SECTION IS FOR BUSINESSES WHICH DO NOT HAVE AN OFFICE OR PHYSICAL LOCATION IN THE CITY OF KENT.

Fee Schedule

If your annual gross income in Kent is \$2000 or less you are not required to obtain a business license with the City of Kent.

This is for non-resident businesses only.

Operating before July 1 \$101.00

Operating after July 1 \$51.00

RENTAL HOUSING BUSINESS SECTION THIS SECTION IS ONLY FOR RENTAL PROPERTIES WHICH CONTAIN TWO OR MORE HOUSING UNITS

Fee Schedule

Opening July 1

2 to 10 units \$101.00 \$51.00

11 to 50 units \$301.00 \$151.00

51 and above \$601.00 \$301.00

A \$13 per unit Rental Housing Inspection Program (RHIP) fee will be added to your business license fee. If you have any questions please visit KentWA.gov/rentalhousinginspection for more information or call 253-856-5454.

Total number of rental units _____ x \$13 = \$ _____ Please include this fee with your licensing payment of \$101, \$301, or \$601

TAX REGISTRATION

By completing this application, you are also registering to file City of Kent business and occupation (B&O) tax returns. If your business activities are exempt from B&O tax, please write the reason(s) here:

The City also levies a utility tax, admissions tax, and gambling tax upon certain business activities. For tax forms or additional information, visit us at KentWA.gov or contact the Tax Division at 253-856-6266.

I hereby certify that the statements and information furnished by me on this application are true and complete to the best of my knowledge. I also acknowledge that the statements and information furnished by me on this application are public records and are available for public inspection pursuant to State of Washington RCW 42.17.260. I understand that issuance of this license is conditioned upon compliance at all times with all applicable ordinances, regulations and statutes of the City of Kent and State of Washington. The issuance of this business license does not imply compliance with the Zoning, Uniform Fire and Building Codes.

Signature: _____ **Print Name:** _____

Title: _____ **Date:** _____

..... **INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.**

FOR OFFICE USE ONLY: BL # _____ Date Rec'd _____ Amount Paid _____