



# City of Kent 2026 Business License Renewal Notice

**Save time and renew online at FileLocal-WA.gov**

For Office Use Only:

App ID \_\_\_\_\_

For more information visit:

**KentWA.gov/pay-and-apply/apply-for-a-business-license**

Or contact City of Kent Tax Division:

**253-856-6266** or **BusinessLicense@KentWA.gov**

Business License will be sent to the business email address upon approval of the renewal application.

Location change? Complete a new business license application.

**Fee Schedule:**

0-24 Employees ..... \$101.00

25-49 Employees ..... \$201.00

50-99 Employees ..... \$401.00

100 or more employees . \$601.00

*The business license fee is waived for organizations recognized as 501(c) nonprofits by the Internal Revenue Service.*

Due Date 01/01/2026	License Year 2026	License #
UBI:		
License Type:		

Out of business effective this date: \_\_\_\_\_  No longer operating in Kent effective this date: \_\_\_\_\_

Renew Business License for City of Kent (complete below):

Business Name: \_\_\_\_\_

Location Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_

Annual license fee varies depending on number of employees. Please include working owners.

• Number of full time employees working in the City of Kent (32+ hours per week) \_\_\_\_\_

• Number of part time employees working in the City of Kent (<32 hours per week) \_\_\_\_\_

• Internal Square Footage \_\_\_\_\_

Please provide two emergency contacts:

Emergency Contact Name: \_\_\_\_\_ Position: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Position: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I hereby certify that the statements and information provided on this license renewal are true and complete to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Submitted by (Name): \_\_\_\_\_ Email: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Mail completed application along with check or money order payable to the City of Kent to:

**City of Kent Finance Department**  
220 4th Ave S  
Kent, WA 98032

Pay in person with cash, check or money order at our **Customer Service counter** Monday to Friday, 9:00 AM - 4:00 PM

400 W Gowe St  
Kent, WA 98032