



# 2026 City of Kent Home Business License Application

Chapter 5.01 of the Kent City Code (KCC), As Amended

DATE:

**Save Time and Apply Online at FileLocal-WA.gov**

For Office Use Only:

App ID:

## BUSINESS INFORMATION

WA State UBI Number (16 Digits): \_\_\_\_\_

Legal Entity Type:

- Individual/Sole Proprietorship     Corporation
- Partnership                             Other \_\_\_\_\_
- LLC

First Activity Date in Kent: \_\_\_\_\_

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

Trade/DBA Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business license will be sent to this email: \_\_\_\_\_ Phone: \_\_\_\_\_

Is your business subject to the State of Washington B&O Tax (Chapter 82.04 Revised Code of Washington)?

- Yes
- No

Is your business subject to City of Kent B&O Tax (Chapter 3.28 Kent City Code)?

- Yes
- No

Estimated Annual Gross Revenue/Income in Kent:

- Less than \$4,000                     \$4,001 - \$200,000                     \$200,001 - \$1,000,000                     Over \$1,000,000

NAICS Code (6 Digits): \_\_\_\_\_

Will your business be operating any of the following (check all that apply)?

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Amusement Device  | <input type="checkbox"/> Group Home   | <input type="checkbox"/> Preparation, serving, and/or making available food or drink for consumption by the public |
| <input type="checkbox"/> Arcade License  | <input type="checkbox"/> Hood, duct and/or rooftop cleaning                           | <input type="checkbox"/> Pressure washing and/or Surface cleaning  |
| <input type="checkbox"/> Cabaret   | <input type="checkbox"/> Hookah Lounge  | <input type="checkbox"/> Short Term Rental   |
| <input type="checkbox"/> Carnivals   | <input type="checkbox"/> Manufacturing, processing and/or packaging food and/or drink | <input type="checkbox"/> Solicitor   |
| <input type="checkbox"/> Carpet and/or floor cleaning                                    | <input type="checkbox"/> Massage Therapy  | <input type="checkbox"/> Taxicabs or Vehicle for Hire Driver   |
| <input type="checkbox"/> Circus & Sideshows  | <input type="checkbox"/> Mobile auto repair and/or detailing                          | <input type="checkbox"/> None of these apply   |
| <input type="checkbox"/> Communal Residence  | <input type="checkbox"/> Mobile Business  |  |
| <input type="checkbox"/> Day Care  | <input type="checkbox"/> Painting and/or drywall                                      |  |
| <input type="checkbox"/> Food Service  |   |  |
| <input type="checkbox"/> Generation, collection, transport and/or disposal of wastewater |   |  |

Owner(s)/Officer(s) Information:

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

Position: \_\_\_\_\_ Position: \_\_\_\_\_

Business Address: \_\_\_\_\_ Business Address: \_\_\_\_\_

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

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

Is your business recognized as a 501(c) entity pursuant to the requirements established by the Internal Revenue Service?

- Yes (If yes, please submit documentation verifying tax-exempt status, such as an IRS 501(c) Determination Letter.)
- No

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

Total # of Full-Time employees (32+ hours per week) (including working owners) \_\_\_\_\_

Total # of Part-Time employees (<32 hours per week) (including working owners) \_\_\_\_\_

What day(s) of the week are you open to clients?

- None (Clients do not visit the office)
- Sunday
- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday

What is the total number of square feet of your home your business will occupy? \_\_\_\_\_

What hours of the day are you open to clients? \_\_\_\_\_

On average how many client visits per day? \_\_\_\_\_

Will you operate outside the hours of 7:00 a.m. through 7:00 p.m.?

- Yes
- No

If yes, what hours will your business be operating? \_\_\_\_\_

## TAX REGISTRATION

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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, provide the reason or basis of this exemption (refer to KCC 3.28.090).

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The City also levies a utility tax, admissions tax, and gambling tax upon certain business activities. For tax forms and additional information is available at [KentWA.gov](http://KentWA.gov) or by contacting the Tax Division at (253) 856-6266 or at [CityTaxes@KentWA.gov](mailto:CityTaxes@KentWA.gov).

# HOME BUSINESS LICENSE APPLICATION CERTIFICATION

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*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 the State of Washington RCW 42.17.260. I understand that issuance of this license is conditional upon compliance at all times with all applicable ordinances, regulations and statutes of the City of Kent and the State of Washington. The issuance of this business license does not imply compliance with the Zoning, Uniform Fire and Building Codes.*

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Position/Title: \_\_\_\_\_ Email: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE USE ONLY: Date Paid: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

## FEE SCHEDULE 2026

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Operating in Kent before July 1: \$51.00  
Operating in Kent on or after July 1: \$26.00

Non-Profit: Business license fee waived upon verification of Internal Revenue Service 501(c) tax-exempt status. Submit documentation verifying tax-exempt status, such as an IRS 501(c) Determination Letter.

Relocation to Kent: License fee varies depending on location within Kent. (New application required)

## SPECIAL NOTICES

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- Use this form if your business is operated at your home or other personal residence. Specifically, this application form applies to any business operated from a single family residence or residential rental property (see also Section 15.08.040(A) of the Kent City Code).
- Incomplete applications will not be processed
- All licenses expire on December 31
- Reminder notices sent prior to end of calendar year
- Business License will be sent to the business email address upon approval of the application
- City of Kent Customer Service can be reached at 253-856-5210 or CustomerService@Kent.WA.gov

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 AM - 4 PM:

400 W Gowe St  
Kent, WA 98032

**If paying by credit card, apply online at [FileLocal-WA.gov](http://FileLocal-WA.gov)**