



**City of Chelan
Business License Application**

135 E Johnson
PO Box 1669, Chelan WA 98816
Business Phone: (509) 682-4037
Business Fax: (509) 682-8009

For City Use Only	
Route Date:	
Due Date:	
License No.:	

Please Print or Type – Complete ALL Portions of the Application

Please complete **both** sides of the application and return with the appropriate fee to the Finance Dept. Licenses are effective January 1st through December 31st unless otherwise noted and require annual renewal. Building & Sign permits may be required prior to commencing business if any work is done to the space you will be occupying. For permit requirements, please contact the Building Department at (509) 682-8017.

Business License Application Fee (Please Check All That Apply)

- | | |
|--|--|
| <input type="checkbox"/> New Application \$ 50.00
<input type="checkbox"/> License Renewal \$ 50.00 plus \$15 for each employee over 3, not to exceed \$410.00
<input type="checkbox"/> Public Dance Fee \$200.00
<input type="checkbox"/> Pool Tables \$ 50.00/First 2 tables
\$ 5.00/each additional table | New Location? <input type="checkbox"/> Yes <input type="checkbox"/> No
Change of Ownership? <input type="checkbox"/> Yes <input type="checkbox"/> No
Change of Business Name? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|

APPLICANT INFORMATION

Name of Business: (Print as listed with the Dept. of Revenue)

Trade Name or DBA: (Print as you would like it to appear on your license)

Mailing Address: (address, city, state, zip code)

Business Location: (physical address of business above, city, state, zip code)

State of Washington UBI # (Do you collect WA. state sales tax)	Professional License # (contractor, cosmetology, etc., if applicable)
--	--

Phone Number: (include area code) ()	Email:
--	---------------

Date Business is Commencing:	# of Employees on June 15th of preceding year: _____
-------------------------------------	--

BUSINESS INFORMATION

Type of Business: (please check one)
 Sole Proprietor **Corporation** **Partnership** **LLC** **Other**

Name(s) of Sole Proprietor, Partners, Corporate Officers and business managers (attach additional names/address to this form if needed).

Name	Title	Address

Please check and indicate the name of the business, if your business is operated from within an existing business. For example; some hairstylists operate their own business from within an existing business.

Please check if your business is operated from your home and your home is located inside the city limits of Chelan. Home businesses are regulated by the Planning Department; please contact them at (509) 682-8017 to determine if your business requires a Home Occupation Permit (HOP). If an HOP is required, a city business license will also be required.

Describe, in detail, the principle service or product of your business (Certain types of business will required additional licenses/permits)

PROPERTY INFORMATION
(IF BUSINESS LOCATION IS WITHIN THE CHELAN CITY LIMITS)

Name of Property Owner: _____

Property Owner's Mailing Address: _____

Property Owner's Phone Number: _____
()

# of Parking Spaces:	Sq. Feet of Floor Space:
----------------------	--------------------------

Parcel #	Zoning Code:
----------	--------------

LICENSE RENEWAL INFORMATION

Business licenses are due February 1 of each calendar year and are considered late on the first day of March.

Those not paid on time shall be subject to the following penalty schedule:

Delinquent March 1	5%	Delinquent over 90 days (June 1)	20%
Delinquent 30 days (April 1)	10%	Delinquent over 120 days (July 1)	25%
Delinquent over 60 days (May 1)	15%		

Issuance of a business license does not relieve the permittee of compliance with all other applicable provisions of the city code. Please refer to Chelan Municipal Code 5.04 and 5.12, Ordinance No. 291 and 292. Common concerns are compliance with the zoning code requirements for permitted use, signs, off street parking or special use permits; building code requirements for construction of alteration; and code requirements for solid waste disposal. **If you plan any construction alteration or sign installation, building permits are required. This license is site specific and may not be transferred to a new location without City approval.**

A SIGNATURE IS REQUIRED IN ORDER TO PROCESS THE APPLICATION

I hereby certify that I will pay all fees as required by law. I also hereby certify under penalty of perjury under the laws of the State of Washington that the above answers are true and complete to the best of my knowledge. I understand that the lead agency is relying on them to make its decision.

Applicant Signature _____ Title _____ Date Submitted: _____
Print Name _____ Place Where Signed: _____, WA

Note: Please return this application with remittance to: City of Chelan, P.O. Box 1669, Chelan, WA 98816. Make your check payable to the City of Chelan

*******FOR CITY USE ONLY*******

Date Received:	License Fee Paid: \$ _____	Penalty Paid: \$ _____
----------------	----------------------------	------------------------

Total Paid: \$ _____	<input type="checkbox"/> Check # _____ <input type="checkbox"/> Cash	Received By: _____
----------------------	--	--------------------

Current Zoning: _____	Home Occupancy Permit # (if needed) _____
-----------------------	---

*** Date Approved by Planning Department**

Review By: _____ Date: _____ Approved Denied
(If not approved, please attach explanation memo)

*** Date Approved by Building Department**

New Construction Permit # (if required) _____

Review By: _____ Date: _____ Approved Denied
(If not approved, please attach explanation memo)

*** Date Approved by Public Works Department**

Additional General Facility charges: (if applicable) \$ _____ and ERU's: _____

Review By: _____ Date: _____ Approved Denied
(If not approved, please attach explanation memo)