

Des Moines Business License Application

21630 11th Ave S. Suite A, Des Moines, WA 98198

Phone: 206-870-7582

Email address: taxlicense@desmoineswa.gov

In City Annual License Fee: \$75.00 - After July 1st: \$37.50

Outside City Business Annual License Fee: \$100.00 - After July 1st: \$50.00

FILL OUT THIS FORM COMPLETELY (INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED)

Check all that apply:

- | | |
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| <input type="checkbox"/> In City Business | <input type="checkbox"/> Outside City Business (Businesses located in another city, but entering Des Moines to engage in business) |
| <input type="checkbox"/> Adult Family Home | <input type="checkbox"/> Family Daycare |
| <input type="checkbox"/> New Business | <input type="checkbox"/> Additional Location |
| | <input type="checkbox"/> Property Rental - # of Units _____ |
| | <input type="checkbox"/> Location Change |
| | <input type="checkbox"/> New Ownership |
| | <input type="checkbox"/> Name Change |

LEGAL BUSINESS NAME		WA STATE UBI#	
BUSINESS OR TRADE NAME (DBA)		STATE LICENSE #	
PHYSICAL ADDRESS OF BUSINESS		BUSINESS PHONE	
MAILING ADDRESS OF BUSINESS <input type="checkbox"/> Check if same as physical address			
BUSINESS LICENSE CONTACT NAME		PHONE	EMAIL ADDRESS
TAX CONTACT NAME		PHONE	EMAIL ADDRESS
LOCAL EMERGENCY CONTACT (OTHER THAN ABOVE OR OWNER)		PHONE	EMAIL ADDRESS
BUSINESS ENTITY TYPE <input type="checkbox"/> COMMERCIAL BUSINESS <input type="checkbox"/> DES MOINES BASED BUSINESS			
<input type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Non-Profit 501 <input type="checkbox"/> Government Entity			
Company Website	First Activity Date in Des Moines	Projected Des Moines Revenue	Number of Employees working in the City of Des Moines
Nature of Business (Check All That Apply) <input type="checkbox"/> Retail <input type="checkbox"/> Manufacturing-Extracting <input type="checkbox"/> Service <input type="checkbox"/> Utility <input type="checkbox"/> Wholesale Sales <input type="checkbox"/> Office <input type="checkbox"/> Printing/Publishing <input type="checkbox"/> Door to Door Sales (Solicitor) <input type="checkbox"/> Mobile Food Vendor <input type="checkbox"/> MWBE Certified <input type="checkbox"/> Other		Detailed Description of Principal Business Activity in Des Moines	

Des Moines Municipal Code 5.04.020 requires all persons wishing to conduct any business within the City of Des Moines to first secure a City of Des Moines business license. I understand that I am responsible for notifying the Finance Department of any change in the status of my business as well as any new mailing addresses. I declare under the penalty of perjury that the information provided on this application, is true and accurate. I understand my place of business must comply with Federal, State and local codes and ordinances.

Applicant Signature	Print Name	Title
E-Mail	Phone #	Date Signed

FOR OFFICE USE ONLY

DATE	Amount Paid	Payment Type	NAICS	Registration #
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WILL YOUR BUSINESS HAVE ANY OF THE FOLLOWING (*MUST COMPLETE if your business is located in Des Moines)

<input type="checkbox"/> *How many customers do you expect weekly? _____ <input type="checkbox"/> *What is the square footage of the business? _____ <input type="checkbox"/> *Proposed interior/exterior modifications? <input type="checkbox"/> Have you been registered as a business within the City? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> *Will you be operating any of the following (circle those that apply): adult cabaret, public dance, massage, panorama device, pawnbroker, secondhand dealer, solicitor
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CHECK & COMPLETE ONE

CHECK & COMPLETE ONE	<input type="checkbox"/> SOLE - PROPRIETOR	OWNER'S LAST NAME	FIRST NAME	E-MAIL
		SPOUSE'S LAST NAME	FIRST NAME	E-MAIL
		OPERATED BY BOTH SPOUSES? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> PARTNERSHIP	1ST PARTNER'S LAST NAME	FIRST NAME	E-MAIL
		2ND PARTNER'S LAST NAME	FIRST NAME	E-MAIL
		3RD PARTNER'S LAST NAME	FIRST NAME	E-MAIL
	<input type="checkbox"/> CORPORATION OR LLC	PRESIDENT'S LAST NAME	FIRST NAME	E-MAIL
		VICE PRESIDENT'S LAST NAME	FIRST NAME	E-MAIL
		SECRETARY'S LAST NAME	FIRST NAME	E-MAIL
		TREASURER'S LAST NAME	FIRST NAME	E-MAIL

Permits may be required from the Building Department for your proposed use, operation or remodeling.

Please call South King Fire & Rescue at 253-946-7318 to schedule a fire inspection.

Prior to commencing your business, you may be required to meet with South King Fire & Rescue and/or the City Community Development team as to whether your business will meet all applicable City codes for the type of business proposed.

Providing valid email addresses will ensure electronic communications will be received from the City.