



BUSINESS REGISTRATION APPLICATION

City of Woodinville · 17301 133rd Avenue NE · Woodinville, WA
98072
Phone: 425-489-2700 Fax: 425-489-2705 Email: dianak@ci.woodinville.wa.us

Office Use Only
Year Ending _____
Registration _____
Date _____
NAICS Code _____

Business Name: _____
 Business Address: _____
 City: _____ State: _____ ZIP: _____
 Business Phone: _____ Business Fax: _____

Mailing Address
 (if different from Business Address): _____
 City: _____ State: _____ ZIP: _____

E-mail Address: _____ WA State UBI #: _____

Business Organization:
 Sole Proprietor Partnership Corporation Limited Liability

Briefly describe your business activity: _____

Is this a business conducted in a residence? Yes No
If yes, a home occupation permit is required by the City's Zoning Code

Occupancy Type: Apartment Building/Condo School
 Hospital/Medical Office Single Family/Duplex
 Office Building Warehouse
 Retail Other (Please Specify) _____

Type of Business: Prof. Office Printing/Publishing Retail
 Manufacturing Services Construction
 Medical/Dental Wholesale Financial Institution
 Restaurant Contractor
 Other (Please Specify) _____

Square Footage: _____

Number of Employees (including owner/manager):
 Full Time _____ Part Time _____

Is this a non-profit organization? Yes No
If yes, please provide a copy of IRS 501 (c)(3) Federal Tax Exemption Certificate.

Do you store flammable or hazardous materials? Yes No
If yes, please attach a list of type and quantity.

Do you use any paint spraying equipment? Yes No

Do you or will you have a burglar alarm(s)? Yes No
If yes, an Alarm Registration form must be completed.

Do you have a fire alarm system? Yes No

Do you have a fire sprinkler system? Yes No

Do you use racks to store your products or materials? Yes No
If yes, are the racks: under 8' over 8' 12' or higher

Will waste material (other than restrooms) be discharged into the sewer?
 Yes No

If yes, indicate type: Cooling Water Grease
 Wash Down/Floor Cleaning Food Waste
 Product Waste Other _____

Will you have any sanitary sewer connections from your production area (other than restrooms)?
 Yes No

If yes, indicate type: Catch Basins Floor Drains Sinks Sumps
Other _____

Date business opened: _____

Are you the first tenant at this location? Yes No
If no, name of previous tenant: _____

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 acknowledge that the statements and information furnished by me on this application are public record and are subject to disclosure pursuant to State of Washington RCW 42-17-260.

Applicant Signature: _____ Date: _____

Print Name: _____

Title: _____

Submit application to: **City of Woodinville**
17301 133rd Avenue NE
Woodinville WA, 98072
425-489-2700