



AUDITOR

BUSINESS LICENSE APPLICATION FOR UNINCORPORATED THURSTON COUNTY

Business name:		Physical Address of Business:			
Contact name:		City, State zip:			
Address:		Business phone: ()			
City, State Zip:		Home Occupation: yes___ no___		Total No. of Employees:___	
TYPE OF BUSINESS	Circus/Carnival___	Flea Market___	Itinerant___	Junk/Secondhand/Antique___	Hawker/Auctioneer___
	Erotic Dancehall___		Firework Retail Sales___	Peddler___	Massage Parlour/Public Bathhouse___
	Erotic Entertainer/Dancer___	Pet Shop___	Fireworks___	Music Festival___	Parlour/Bathhouse Attendant___
Detailed description of business:					
Type of ownership: Please mark one	Individual:___	Partnership:___	Corporation:___	Non-Profit:___	LLC:___
List Owners, Partners or Officers:	Title:	Residence Address	City	State, zip	Residence phone:
Business located in unincorporated Thurston County: Yes___ No___		Contractor's License Number:		Washington State UBI #	
Do you store flammable or hazardous materials? Yes___ No___ If yes, state type and quantity:			In Emergency Notify:		Phone
			1.		
			2.		
ALL BUSINESS SIGNS IN UNINCORPORATED THURSTON COUNTY MUST BE APPROVED BY THE PLANNING DEPARTMENT					
NOTE: Additional County permits may be necessary before you can commence business. If you change your address, location, or nature of business, or if you are no longer doing business in unincorporated Thurston county, you must notify us immediately.					
FEE MUST BE PAID WITH APPLICATION Make checks payable to Thurston County Auditor			I certify that the above information is correct Signed by _____ Office/Title _____ Date _____		
New license FEE: _____		Other _____			
FOR OFFICIAL USE ONLY					
Amount Paid \$	Date Issued	By	Date Business Closed	License Number	
Comments: _____ _____ _____					

**ENTERTAINER’S LICENSE FOR
EROTIC DANCEHALL SUPPLEMENT**
Thurston County Code 6.42.050

FOR DEFINITIONS OF EROTIC DANCEHALL, SEE COUNTY CODE 6.42.015

FEES (DUE UPON APPLICATION):

- \$5.00 annual license fee, non-refundable

EXPIRATION:

- **December 31st** of the year for which the license is issued or renewed.
Renewals may not be purchased prior to September for the following calendar year.
- License will be issued within **five** days of receipt of completed application and all required documents (see below)

This license is separate from the Erotic Dancehall license. Each Erotic Dancehall must be licensed in accordance to County Code 6.42.

REQUIREMENTS:

- Completed fingerprint card from the Thurston County Sheriff’s Department
- Current facial view photograph – may be obtained through the Thurston County Sheriff’s Department.

Please note:

Services provided by the Sheriff’s Department will be charged according to the established fee schedule, and payable to the Sheriff’s Department.

You must contact the **Washington State Department of Licensing** to determine if a Master Business License is required. The state will also have a list of other government agencies you may need to contact for other permits and/or licenses. You may contact them in one of the following ways:

Phone: (360) 664-1400 *Internet:* www.dol.wa.gov

In person: 405 Black Lake BLVD BLDG #2 Olympia, WA

You may also need to contact the following:

- Thurston County Assessor – (360) 786-5410

Please complete the following – incomplete applications will not be accepted.

Name _____

Home address _____

Mailing address (if different) _____

Home phone number _____

Date of birth _____

Previous names, aliases (past and present) _____

Name and addresses of each establishment within Thurston County where performing

List all prior convictions (excluding minor traffic offenses) including charge, date, court and disposition of charge

This license applies only to the person indicated herein and authorizes the licensee to operate in a lawful manner only; it is not a substitute for any certificate, permit or other license required by law, and it does not relieve the licensee of the responsibility to have such permit, certificate, or license at all times and to comply with all laws affecting the nature of the business for which this license is issued.

I, _____, verify under oath that all the data and statements in this application are true and correct, I have read the Thurston County Code 6.42, and will abide by said codes. (A copy will be furnished upon request)

Signature of Applicant

Date signed

State of Washington
County of Thurston

I certify that I know or have satisfactory evidence that _____ is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument.

Dated: _____

Signature and title

My appointment expires _____

**A THURSTON COUNTY BUSINESS LICENSE APPLICATION MUST
ACCOMPANY THIS SUPPLEMENT**

(Revised 07/25/03)