



# 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.		
<b>ALL BUSINESS SIGNS IN UNINCORPORATED THURSTON COUNTY MUST BE APPROVED BY THE PLANNING DEPARTMENT</b>					
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.					
<b>FEE MUST BE PAID WITH APPLICATION</b> Make checks payable to Thurston County Auditor			I certify that the above information is correct Signed by _____  Office/Title _____ Date _____		
New license FEE: _____		Other _____			
<b>FOR OFFICIAL USE ONLY</b>					
Amount Paid \$	Date Issued	By	Date Business Closed	License Number	
Comments: _____ _____ _____					

**MASSAGE PARLOR AND/OR PUBLIC BATHHOUSE**  
**LICENSE SUPPLEMENT**  
**Thurston County Code 6.64**

DEFINITIONS: SEE TC CODE 6.64.010

EXEMPTIONS: SEE TC CODE 6.64.020

PLEASE NOTE: THIS APPLICATION IS SEPARATE FROM THE MASSEUR,  
 MASSAGE PARLOR ATTENDANT AND PUBLIC BATHHOUSE ATTENDANT  
 LICENSE. SEE TC CODE 6.64.80 FOR DEFINITIONS

FEEES (DUE UPON APPLICATION):

- \$300.00 annual license fee per establishment. Fee is not refundable nor transferable.

EXPIRATION: September 30<sup>th</sup> each year

REQUIREMENTS (OF APPLICANT – OWNER/MANAGER):

- Completed fingerprint card from the Thurston County Sheriff's Department
- Two current facial view photographs, taken within the last six months (one copy will be attached to the license. License must be prominently displayed in the establishment)
- Driver's License or State Identification Card and copy of Birth Certificate, for verification of identity. (TC Code 6.64.050)

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](http://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

Within 30 days of receipt of application, copies will be sent to the Thurston County Sheriff's Department and to the Thurston County Health Department. The Sheriff's Department will investigate the statements on the application. The Health Department will examine the facility to determine whether it complies with health regulations. Both departments will report any findings to the Auditor's Office that would affect issuance of this license.

**Please complete the following – incomplete applications will not be accepted.**  
**Additional sheets available if needed**

**The following information is required if your business structure is a sole proprietorship, partnership or corporation:**

Sole proprietorship: the name, all aliases, age and date of birth, driver’s license, home address, telephone number, principal occupation of the sole proprietor and length of time resided in Thurston County – if less than five years, previous addresses for the last five years

Partnership: the name, all aliases, address, telephone number, principal occupation, respective ownership shares of each partner, whether general, limited or silent, and length of time resided in Thurston County – if less than five years, previous addresses for the last five years

Corporation: the corporate name, and the name, all aliases, home address, telephone number, principal occupation, length of time resided in Thurston County – if less than five years, previous addresses for the last five years, and number of shares of every officer, director and shareholder of the corporation.

Business Structure (see above for description and additional information required)

Check one:     Sole Proprietorship     Partnership     Corporation

**Information about the business:**

Business Name:

Business Address:

Mailing Address (if different):

Business Phone Number:

Description of the nature of the business (use back of paper if needed):

---

---

---

**Information required for the applicant, managing agent or other agents of the business (if additional space is needed, please type a list and attach to this application):**

Applicant Name:

Home address:

Home phone number:

Age and Date of birth:

Driver’s License or I.D. Card number:

Length of time resided in Thurston County – if less than five years, previous addresses for the last five years:

**Name, address, phone number and principal occupation of every person, partnership or corporation having any interest in the real or personal property**

utilized or to be utilized by the business, and any persons sharing in the proceeds of the business:

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Has the applicant or any person required to be named by this application ever been arrested, charged, or convicted of any crime or forfeited bail to any criminal charges, excluding minor traffic offenses?

YES / NO If yes, list the person involved, the charge, name of the court in which the case was filed, court date(s), circumstances and disposition of the charge:

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Per TC Code 6.64.200, all owners, proprietors, managers or persons required to be listed on this application must be at least 18 years of age. Are all persons required to be listed on this application at least 18 years of age? Yes / NO

I, \_\_\_\_\_, verify that all the data and statements in this application are true and correct, I have read the Thurston County Code 6.64, and will abide by them. (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