



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: _____ _____ _____					

**FLEA MARKET, JUNK, SECONDHAND, ANTIQUE OR
ITINERANT DEALER LICENSE SUPPLEMENT**

Thurston County Code 6.29

FOR DEFINITIONS OF EACH TYPE OF DEALER, SEE COUNTY CODE 6.29.010

FEES (DUE UPON ORIGINAL APPLICATION OR RENEWAL):

- \$50.00 annual license fee for Flea Market, Junk, Secondhand, or Antique Dealers, per establishment
- \$10.00 annual license fee for Itinerant Dealers, per establishment

EXPIRATION: One year from date of issue

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.
Additional sheets available if needed**

Applicant Name _____
 Home Address _____
 Home Phone Number _____
 Business Name _____
 Business Address _____
 Mailing Address (if different) _____
 Business Phone Number _____
 Assessor's Parcel Number _____
 Date of Birth _____
 Washington Driver's License, I.D. Card or Military I.D. number _____
 Social Security Number _____
 Applicant's Physical Description _____

Please Circle One: Original Application OR Renewal

Short description of business, including type of merchandise for sale or trade and any kind of manufacturing, reconditioning, dismantling or reconstruction work performed upon the premises (use back of page if needed):

NUMBER OF YEARS AT PRESENT LOCATION: _____

THE BUSINESS PROPERTY (CIRCLE ONE) IS IS NOT WITHIN 200 FEET OF A SHORELINE.

IF YES, IDENTIFY RIVER, LAKE OR MARINE SHORELINE: _____

PROPERTY LOCATION

(CIRCLE ONE) NORTH SOUTH EAST WEST
SIDE OF (ROAD NAME): _____

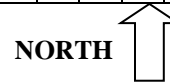
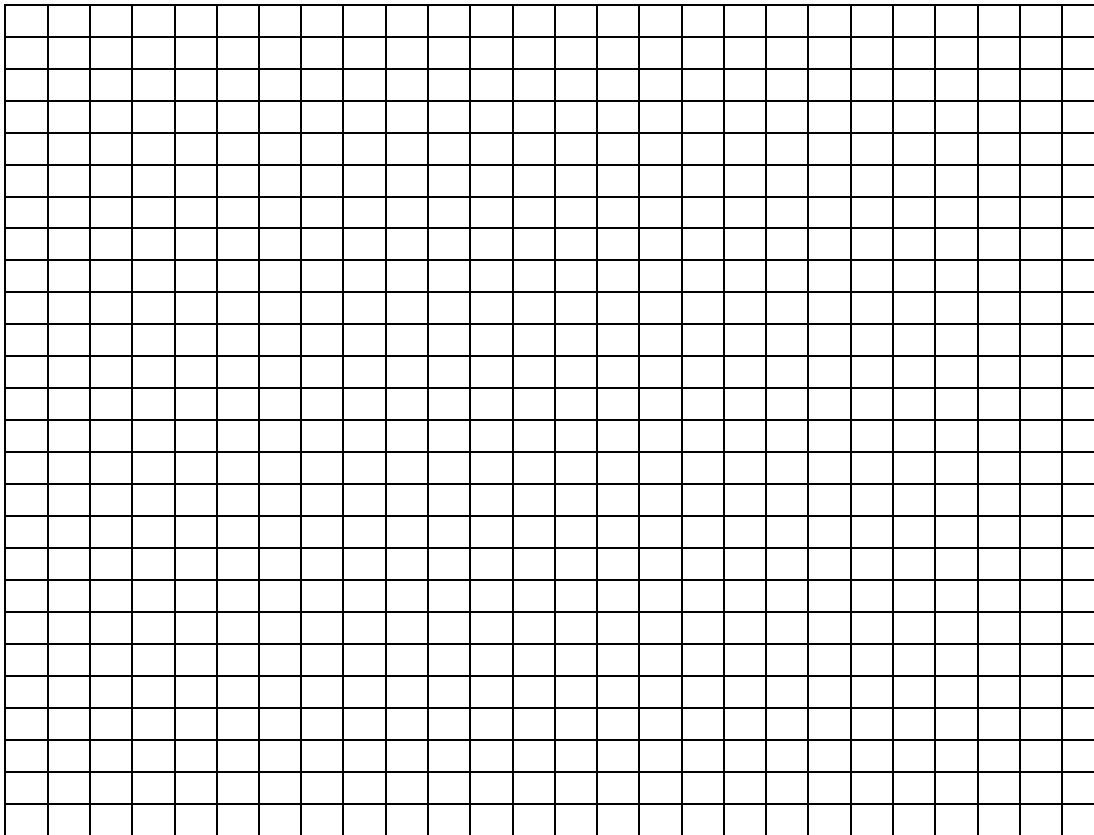
BETWEEN (ROAD NAME): _____ AND (ROAD NAME): _____

EXISTING ZONING: _____ SECTION: _____

TOWNSHIP: _____ RANGE: _____

INDICATE THE FOLLOWING INFORMATION AND MARK DIMENSIONS:

- 1) BOUNDARIES OF BUSINESS SITE
- 2) THE LOCATION OF ALL EXISTING AND PROPOSED STRUCTURES, INCLUDING:
FENCING, ROADS, DRIVEWAYS, PARKING AREAS, AND BUSINESS STRUCTURE



**ALL PERMITS ISSUED ARE VALID ONLY IF BUSINESS IS OPERATED
ACCORDING TO THIS PLAN.**

Upon receipt of the completed application and payment, application will be forwarded to the Planning Department for approval. License will be issued within 21 days, unless rejected by the Planning Department. You will receive an explanation if your application has not been approved.

Per County Code 6.29.040(b):
This license applies only to the premises indicated herein and authorizes the licensee to operate in a lawful manner only; it is not a substitute for any certificate of occupancy, building permit or other certificate or permit required by law, and it does not relieve the licensee of the responsibility to have such permits or certificates at all times and to comply with all laws affecting 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 6.29, 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**