

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 O	Home Occupation: yes no Total No. of Employees:				
TYPE OF BUSINESS			Flea Market	Itinerant_		Junk/Secondhar Antique	Auctio	neer	
	Erotic Dancehall			Firework Sales		Peddler Massage Parloui Public Bathhouse		Bathhouse	
	Erotic Entertainer/ Dancer		Pet Shop	Fireworks	s Music Festival		Parlour/Bathhouse Attendant		
Detailed des	cription of	business:							
Type of owner Please mark one		Individual:	Partnership	p:		Corporation:	Non- Profit:	LLC:	
List Owners, Partners or Officers:		Title:	Residence	Residence Address		City	State, zip	Residence phone:	
Business located in unincorporated Contractor's Lie Thurston County: Yes No					Number: Washington State UBI #			n State UBI #	
Do you store flammable or hazardous materials? Yes_ If yes, state type and quantity:				No	No In Emergen 1.		Notify:	Phone	
	, ,	•				2.			
				-		JRSTON COUN	TY		
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				
New license FEE:Other							· · · · · · · · · · · · · · · · · · ·		
					Office/Title		Date		
FOR OFFICIAL USE ONLY									
Amount Paid \$ Date Issued By				Date Busines	s 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 31**st 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 esta	blishment within Thurston County	where performing
List all prior convictions (excludand disposition of charge	ing minor traffic offenses) including	ng charge, date, court
to operate in a lawful manner of or other license required by law responsibility to have such periods.	person indicated herein and autonly; it is not a substitute for any v, and it does not relieve the licerait, certificate, or license at all tire of the business for which this	certificate, permit nsee of the imes and to comply
* *	, verify undo are true and correct, I have read to codes. (A copy will be furnished	•
	Signature of Applicant	Date signed
State of Washington County of Thurston		
	ve satisfactory evidence thate me, and said person acknowledg	
	Dated:	
	Signature and title	
	My appointment expir	es

A THURSTON COUNTY BUSINESS LICENSE APPLICATION MUST ACCOMPANY THIS SUPPLEMENT

(Revised 07/25/03)