



COMMUNITY DEVELOPMENT DEPARTMENT

Code Administration Division

129 North Second Street, 2nd Floor Yakima, Washington 98901

(509) 575-6126 • Fax (509) 576-6576

codes@yakimawa.gov • www.buildingyakima.com

Business License Number

[Empty box for Business License Number]

COMMERCIAL BUSINESS LICENSE APPLICATION

**COMPLIANCE WITH THE URBAN AREA ZONING ORDINANCE IS REQUIRED PRIOR TO
ISSUANCE OF ANY/ALL BUSINESS LICENSES**

Change of Ownership Y/N Change of Location Y/N Previous Location: _____

Business Name: _____

Mailing Address: _____ Suite # _____

City: _____ State: _____ Zip: _____

Business Phone: _____

FAX #: _____ E-Mail Address: _____

Physical Location: _____ Suite _____

Parcel Number: _____ Zoning: _____

Number of Employees and Owners Combined: _____

Tax Exempt? Y/N

WA State UBI#: (Tax Number) _____

Parent Company Name (if applicable): _____

Ownership Type: Individual ___ Partnership ___ Association ___ Corporation ___ LLC ___

Detailed Description of Business: _____

List Owners/Officers Below:

Name: _____ Title: _____

Home Address: _____ Phone: _____

City, State, Zip: _____

Name: _____ Title: _____

Home Address: _____ Phone: _____

City, State, Zip: _____

Hours of Operation: _____ Days of Operation: _____

Will there be alterations to the building for your business? Y/N

Does this business share space with other business(es)? Y/N

If Yes, please provide name of business(es): _____

The following attachments may be required in the following situations: change to a use requiring more parking per code; change in site layout (i.e. revised parking, circulation, building layout; relocation or addition of utility lines/appurtenances); adding an additional business in an existing building. (Please contact City staff if you have questions on applicability.)

- a. A scaled site plan including the location of off-street parking as well as onsite water and sewer infrastructure. Also include the location and number of disabled parking spaces and whether the lot is paved or unpaved. A current aerial photo *may* substitute the site plan requirement if the existing parking configuration can be deciphered from the aerial and if the new use does not change the required number of parking spaces or utility layout.
- b. A scaled floor plan which identifies the use of each room in the building.
- c. A complete application for Type 1, 2, or 3, depending on zoning designation.
- d. A completed IW Survey Form (attached) or indicate the date when the electronic IW Survey form was submitted: _____

ACCESSIBILITY

Please be advised that changes in occupancy of an existing building often trigger accessibility requirements such as accessible parking spaces, an accessible building entrance, and other items. Improvements that require permits may also trigger accessibility requirements in an existing building.

The issuance of this license is a tax on your business activity and does not entitle you to conduct business in violation of any other federal, state or local laws applicable to that business operation. **Applicant is responsible for obtaining approval from property owner for all activities conducted on private property.**

Applicant's Signature and Title

Printed Name

Date

# Owners/ Employees	1-2	3-5	6-9	10-14	15-20	21-30	31-45	46-60	61-80	over 80
Fee	\$42.90	\$85.80	\$150.00	\$214.20	\$321.15	\$428.40	\$642.60	\$856.80	\$1,071.00	\$1,285.20

Those applying after June 30th will be charged half price.

FOR OFFICE USE ONLY

CL(1) ____	CL(2) ____	CL(3) ____	Use label in Table 4-1 of UAZO _____
Parking spaces for this use: Required ____ Provided _____			
Reviewed by Planning Staff: _____ Date: _____ Zoning: _____			
Comments: _____ _____ _____			
Change of Use: Y/N Prev Occu Class: ____ New Occu Class: ____			
Reviewed by Code Admin Staff: _____ Date: _____			
Comments: _____ _____			



CITY OF YAKIMA PRELIMINARY INDUSTRIAL WASTE SURVEY (shortened version)

Please complete this survey in full. A Federal and State requirement has been placed on this community to accomplish this inventory. **Failure to submit a completed survey will be in violation of Chapter 7.65 of the City's Municipal Code.** For assistance in completing this form, you may contact the Pretreatment Supervisor at (509) 249-6816.

Business Name: _____

Address of facility discharging wastewater:

Street _____ City _____

Brief description of business and services: _____

Is the facility connected to the public sewer system? Yes ___ No ___ Don't know ___

Utility Services Billing Account # (if known) _____

Based on your answers to these questions you may be asked to provide additional information to the City's Wastewater Division.

The information provided in this survey is, to the best of my knowledge, true and complete.

Signature

Date

Please print name and title

Telephone Number

**Pretreatment Office
Yakima Regional Wastewater Division
2220 East Viola Avenue
Yakima, WA 98901**