



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

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): _____

Proposed land use as defined by YMC 15.04.030 Table 4-1 _____

Previous land use as defined by YMC 15.04.030 Table 4-1 _____

If the previous and proposed land uses are the same, has the previous land use been out of business over 18 months? () Yes () No () N/A



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**