



**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 ( ) Yes ( ) No Change of Location ( ) Yes ( ) No

If to either, Previous License #: \_\_\_\_\_

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? ( ) Yes ( ) No

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? ( ) Yes ( ) No

Does this business share space with other business(es)? ( ) Yes ( ) No

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

