



# Business License Application

City of Battle Ground  
 Community Development  
 109 SW 1<sup>st</sup> Street, Suite 127  
 Battle Ground, WA 98604  
 Phone: (360) 342-5047 | Fax: (360) 342-5049  
[www.cityofbg.org](http://www.cityofbg.org)

DEPARTMENT USE ONLY	
Date Received:	
Fee:	
Receipt #:	
Control #:	License #:

BUSINESS INFORMATION				
<b>BUSINESS LOCATED WITHIN CITY LIMITS (In-City)</b> (If In-City, complete page 2 of this application)		<b>BUSINESS LOCATED OUTSIDE CITY LIMITS (Out-city)</b>		
Legal Business Name:		Doing Business As (DBA):		
Address:	City:	State:	Zip:	
Mailing Address:	City:	State:	Zip:	
Phone:	Fax:	Email:		
WASHINGTON STATE MASTER BUSINESS LICENSE				
WA UBI Number:		In the process of obtaining a Washington State Master Business License		
TYPE OF BUSINESS				
Bank/Credit Union	Business/ Professional Office	Child Care/Education Services	Contractor	Health Services
Manufacturing	Membership Organization	Recreational Services	Restaurant	Retail
Veterinary	Wholesale	Service (specify):	Other (specify):	
ADDITIONAL LICENSE HELD (i.e. Contractor, Cosmetologist, Dept. of Early Learning, etc.)				
Type of License:		License #:		
Type of License:		License #:		
TYPE OF OWNERSHIP				
Corporation		Limited Liability Company		Partnership
Sole Proprietor		Not Applicable		
<b>Is this a non-profit organization?</b>				
CONTACT INFORMATION Owners/Partners/Officers				
Name:		Name:		
Address:		Address:		
City, State, Zip:		City, State, Zip:		
Phone:		Phone:		
Email:		Email:		
EMERGENCY NOTIFICATION				
Name:				
Address:				
City, State, Zip:				
Phone:		Cell:		
REQUIRED SIGNATURES				
I certify, under penalty of perjury, under the laws of the State of Washington, that the foregoing is true and correct. (RCW 9A.72.085). I/we agree that City of Battle Ground staff may enter upon the subject property at any reasonable time to consider the merits of the application, to take photographs and to post public notices.				
Applicant's Signature:			Date:	

## For businesses located within the City limits of Battle Ground

Issuance of the business license does not relieve you of the requirements of all applicable City codes.

### LOCATION INFORMATION

Property Owner or Leasing Agent Name:			
Address:	City:	State:	Zip:
Phone:	Fax:	Email:	
Is this location change for the business?	YES	NO	If yes, indicate prior location:
Describe the type of activity that will be occurring at this location:			
What was the name of the previous business at this location?			
What type of business was the previous business?			
Is this business sharing the location with another business or residence?			
Hours of operations & days per week:	Number of employees:	Number of FTE's:	

### HOME-BASED BUSINESS INFORMATION

All home occupations are limited to the following criteria:	
<ol style="list-style-type: none"> <li>1. Home occupation must be clearly subordinate to the residential use of the property and will not be detrimental or disruptive in terms of appearance or operation to neighboring properties.</li> <li>2. One non-resident employee is permitted for home occupation.</li> <li>3. Retail sales are prohibited except when the product to be sold is clearly incidental and secondary to the services authorized.</li> <li>4. No home occupation shall generate off-site impacts.</li> <li>5. The home occupation use shall not create disturbing influences.</li> <li>6. The combined total number of customers and business visitors associated with the home occupation shall be limited to no more than an average of six per day.</li> <li>7. All home occupations shall be wholly carried on within a dwelling or accessory structure. Not more than 25% of the combined floor space of such dwelling and accessory structure or 500 square feet, whichever is less may be used for the home occupation.</li> <li>8. No outdoor storage associated with home occupations shall be permitted.</li> <li>9. Vehicles shall be limited to single rear axle vehicles not to exceed 24,000 gvw.</li> <li>10. All other criteria outlined in BGMC 17.135.090.</li> </ol>	
How many trips related to your business do you expect daily?	Approximate square footage of your business:
Do you plan to modify your residence for uses other than residential?	No    Yes    If yes, please specify:

### REQUIRED SIGNATURE

*I have read the above and agree to comply with the home occupation requirements.*

Applicant's Signature:	Date:
<b>DEPARTMENT USE ONLY</b>	
<input type="checkbox"/> Fire Operational License Required	
Planning Representative Approval:	Date: