



City of Mountlake Terrace
6100 219th Street SW, Suite 200
Mountlake Terrace, WA 98043
425.744.6211
www.cityofmlt.com

HOME OCCUPATION BUSINESS LICENSE APPLICATION

LICENSE FEE \$60.00

APPLICATION MUST BE RECEIVED WITHIN 30 DAYS OF HOME OCCUPATION APPROVAL

OFFICE USE ONLY

NEW _____ RENEWAL _____ LICENSE NUMBER _____ DATE RECEIVED _____

DATE DUE _____ LICENSE FEE \$ _____ LATE FEE \$ _____

TOTAL AMOUNT DUE \$ _____ RECEIPT NUMBER _____ EXPIRATION DATE _____

**ALL ITEMS MUST BE COMPLETED OR APPLICATION WILL NOT BE ACCEPTED.
PLEASE SIGN AND RETURN APPLICATION WITH PAYMENT.**

NAME OF BUSINESS (Please Print or Type)

BUSINESS PHONE

BUSINESS ADDRESS

MAILING ADDRESS

NAME OF OWNER OF BUSINESS

EMAIL ADDRESS

STATE TAX I.D. (U.B.I. NUMBER)

APPROVAL NUMBER

(If you do not have a State Tax I.D. number, please call the State Licensing Department at 360-664-1400 to obtain one.)

INDIVIDUAL PARTNERSHIP CORPORATION

TYPE OF BUSINESS

PRODUCT OR SERVICE SOLD

EMERGENCY NOTIFICATION: Name/Phone _____

I understand that this is an application for a business license and granting of a license to do business is subject to approval by the City after review.

APPLICANT'S SIGNATURE _____

STAFF REVIEW: Check approval or disapproval, date, sign and route. If disapproved, please complete "Comment" section and route to next department.

PLANNING DIVISION:

APPROVE _____ DISAPPROVE _____ DATE _____

TYPE OF ZONING _____ CONDITIONAL USE PERMIT _____

SIGNATURE _____

COMMENTS _____

BUILDING DIVISION:

APPROVE _____ DISAPPROVE _____ DATE _____

SIGNATURE _____

COMMENTS _____

ADMINISTRATIVE SERVICES:

APPROVE _____ DISAPPROVE _____ DATE _____

SIGNATURE _____

COMMENTS _____

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PUBLIC WORKS _____ UTILITY BILLING _____ ON _____
Date Initials