

***In-City Commercial Business License Packet:***  
***The business operates in a facility located within City of Des Moines limits and is not a home occupation.***

We wish to take this opportunity to welcome you and your business to the community.

Des Moines Municipal Code 5.04.020 requires all persons wishing to conduct any business within the City of Des Moines to first secure a City of Des Moines business license. Enclosed are the following forms to assist you in this matter:

- Helpful hints for completing your Business License Packet.
- Commercial Business License Application form. Please complete and return with the \$150.00 application fee.
- Applicant Work Sheet. **NOTE: Your application will be considered incomplete and WILL NOT be accepted unless this form is completed.**
- A Contact Sheet. This information will be kept on file should an after hours emergency occur. Please complete and return.
- If you are mailing your application, it is necessary for you to telephone City Hall at 206-878-4595 to schedule your inspection appointment.
- Sign Permit Application.
- A welcome letter from South King Fire & Rescue.

Please submit the completed packet, along with the \$150.00 application fee, payable to City of Des Moines, to:

City of Des Moines  
21630 11th Avenue South  
Des Moines, WA, 98198

Once again, welcome to the community. We wish you every success in your business venture.

Attachments

## *Helpful Hints for Completing Your City of Des Moines Commercial Business License Packet*



- ✓ If you have questions about zoning regulations for your business, contact the Community Development Department at 206-870-6595.
- ✓ UBI numbers are issued by the Department of Revenue, 20819 72<sup>nd</sup> Ave. S, Suite 680, Kent, WA 98023. General information telephone number is 1-800-647-7706.
- ✓ The parcel number may be obtained from your property tax statement.
- ✓ It is your responsibility to contact the City Clerk's office at 206-870-6519 to schedule an inspection. This inspection will confirm compliance with all fire and safety codes. We cannot issue your business license until the Fire Marshal has completed this inspection. Failure to correct any violation within the time period provided will be cause for your application to be rejected. A new application will be required, accompanied by the appropriate fee.
- ✓ Please contact the City Clerk's office if your business involves any of the following activities as additional licensing requirements might exist:
  - Adult entertainment
  - Amusement devices
  - Door-to-door solicitation
  - Massage
  - Pawn brokerage
  - Secondhand sales
  - Live entertainment
- ✓ If your business involves the storage, serving, or handling of foodstuffs, contact the Seattle-King County Department of Public Health at 206-296-4708. Their office is located at 1404 Central Avenue South, Suite 101, Kent, WA. You must provide us with a copy of your food establishment permit prior to your license being issued.
- ✓ Remember, an incomplete application may delay the processing of your license. Be sure to review your application prior to submittal.
- ✓ City of Des Moines business licenses are **not** transferable and are issued for a specific location. If your business changes locations or comes under new ownership, a new business license application must be submitted.
- ✓ Business licenses expire December 31st of the year issued. Failure to renew your license by February 15th of the following year results in a **100%** late penalty. We will send a renewal notice to your mailing address by December 15th. If you have not received it by January 1st, please contact the City Clerk's office to confirm your mailing address.
- ✓ The City's tax number for State of Washington Department of Revenue Form Rev. 40-2406Q, Box 45, Location Code is #1709.
- ✓ Before having a sign constructed, contact Community Development for signage regulations and permit information. They may be reached by calling 206-870-7576.

***If you have any questions or require more information, please contact City Service Center at  
206-878-4595, Monday through Friday, 8:00 a.m. to 4:30 p.m.***



# APPLICANT WORK SHEET

## 1. DESCRIPTION OF BUSINESS

Your business will primarily engage in which of the following activities (Check all that apply):

- |                                             |                                             |                                                 |                                              |
|---------------------------------------------|---------------------------------------------|-------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Office             | <input type="checkbox"/> Real Estate        | <input type="checkbox"/> Food/Beverage Services | <input type="checkbox"/> Auto/Boat Service   |
| <input type="checkbox"/> Legal Services     | <input type="checkbox"/> Financial Services | Occupant Load _____                             | Exchange of Parts Only                       |
| <input type="checkbox"/> Professional Svcs. | <input type="checkbox"/> Retail Sales       | <input type="checkbox"/> Day Care/How Many____  | <input type="checkbox"/> Group Home/How Many |
| _____                                       | <input type="checkbox"/> Health Services    | <input type="checkbox"/> Wholesale Sales        | <input type="checkbox"/> Auto/Boat Repair    |
|                                             |                                             |                                                 | <input type="checkbox"/> Other _____         |

## 2. SELF-INSPECTION CHECKLIST (This section DOES NOT apply to single family homes.)

Complete the table below. These items are requirements that must be completed **before** you apply for your business license. As you determined that each item has been accomplished, place a check next to the item. Check items 1-8 either YES or N/A as appropriate for your business. Items 9-15 apply to **all** business and must be completed and checked YES in order to have a complete application. Your application will not be accepted without completing this section. If you have any questions contact the Fire Marshal at 253-839-6234.

You are responsible for scheduling your inspection appointment with the City Clerk's office. Your business must be ready to open before it can be inspected.

N/A_	YES	
		1. Combustible storage under the stairwell is protected on the enclosed side by one-hour fire resistive construction. (UFC 1210.3)
		2. An authorized sprinkler company has serviced the sprinkler system during the last twelve months. A copy of the service report is available to the Fire Marshal on site. (NFPA 13A)
		3. An authorized fire alarm company has serviced the fire alarm system during the last twelve months. A copy of the service report is available to the Fire Marshal. (UFC 14.108)
		4. Electrical room has signage on door indicating "Electrical Room" or Electrical Equipment". (UFC 8509.3)
		5. Laundry room is equipped with approved metal container(s) with tight fitting lid(s) for combustible waste. (UFC 1103.2.1)
		6. All lint and combustible materials from behind the washers and/or dryers have been removed. These areas are to be maintained in clean condition. (UFC 1107.2)
		7. All vegetation has been cleared away a minimum of ten feet (10') from the building. (UFC 1103.2.4)
		8. All smoke detectors are in working order at this time. It is the responsibility of building owner or manager of this complex to insure that smoke detectors work at all times. BY ORDER OF THE FIRE MARSHAL (WAC 212-10)
		9. A 2A10BC (5lb. minimum size) dry chemical fire extinguisher is provided. Minimum of one per business. (UFC 1002.1)
		10. Extinguishers are installed on the hangers or in the brackets supplied, mounted in cabinets, or set on shelves (NFPA 10, 1-6.6. The top of the extinguisher is not more than fifty-four (54") inches above the floor. (NFPA 10, 1-6.9, UFC 1106.3.2)
		11. Extinguishers are located in plain view (if at all possible), or if not, they are identified with a sign stating "Fire Extinguisher" with an arrow pointing to the unit. (NFPA 10, 1-6.3)
		12. All exit(s) are free and clear of obstructions. (UFC 1203)
		13. Electrical panels or meters are accessible with a working space of at least thirty-six inches in front completely free of obstructions. (NEC 110-16)
		14. Appliances and devices that are intended to plug into a wall receptacle are not plugged into multiple outlet extension cords (zip cords) or multiple outlet devices. (UFC 8507)
		15. Business address has been posted on the outside of the building with numbers contrasting with their background and large enough to be visible from the street. (UFC 601.4.4)

# EMERGENCY CONTACT SHEET

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South County Fire & Rescue  
31617 1<sup>st</sup> Avenue  
Federal Way, WA 98003  
253-946-7248 Fax 253-529-7206

Des Moines Police Department  
21900 11th Avenue South  
Des Moines, WA 98198  
206-878-3301 Fax 206-870-7626

Business Name: \_\_\_\_\_ Date: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street Address/P. O. Box City State Zip

Manager: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Normal Business Hours: \_\_\_\_\_ Days: \_\_\_\_\_

Lights On After Hours:  Yes  No If yes, where? \_\_\_\_\_

Will There Be a Safe on the Premises?  Yes  No

Does Business Have an Alarm?  Yes  No Silent?  Yes  No

Alarm Company Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

## EMERGENCY CONTACTS:

In case of an emergency, during non-business hours, who should we contact? Please list individuals who have access to the establishment. This will help to eliminate delays in an emergency situation. Thank You!

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_