



City Clerk's Office
500 E. Main Street Othello, WA 99344
Phone (509) 488-5686 Fax (509) 488-0102
www.othellowa.gov

Bus. Lic. # _____
BIAS # _____
Date Rec'd: _____
Rec'd by: _____

Othello City Business License

Please complete the entire form **leaving NO line blank**, if question is not applicable please insert N/A as response; an incomplete application may be RETURNED. Please use **INK** only. Thank you.

Business Name: _____ **Phone #:** _____

Mailing Address: _____
 P.O. Box or Street & Number _____ City _____ State _____ Zip Code _____

Business Location: _____
 Street & number _____ City _____ State _____ Zip Code _____

Business Owner: _____
 Name _____ Address _____ City _____ State _____ Zip Code _____

Contact Person: _____ **Phone #:** _____

1. Please choose the type of business license you are applying for:

- | | |
|---|--|
| <input type="checkbox"/> Contractor/Service Provider (verify licenses at DOL, L&I and Dept of Rev) | <input type="checkbox"/> Home Occupations |
| <input type="checkbox"/> Day Care Provider (family daycare or child center) | <input type="checkbox"/> Utility Occupations |
| <input type="checkbox"/> Solicitors Permit (additional forms needed) | <input type="checkbox"/> Itinerant Merchant |
| <input type="checkbox"/> Mobile/Stationary Vendor (a drawing of the location will need to be included also) | |
| <input type="checkbox"/> Cabaret License (will need additional forms to be filled out and notarized plus copy of WA valid ID) | |
| <input type="checkbox"/> Regular Business (store, retail, sales, restaurant, beauty salon, dance hall, and any other form of business not listed above) | |

Please describe in detail the type of business:

2. Will there be any alterations or changes to the building/home? Yes _____ No _____
 -If yes, please provide drawing on attached page #4 and have you applied for building permit? Yes _____ No _____
3. Will a new sign be needed for this business? Yes _____ No _____
 - If yes, have you applied for a sign permit? Yes _____ No _____
4. Have you registered with WA State Dept. of Licensing for a UBI or Master License? Yes _____ No _____
 -If no, file with L & I at (509) 764-6900 or on-line at <http://www.access.wa.gov> prior to returning this application
5. Do you have a current WA State Contractor License number? Yes _____ # _____
 - No _____ If, you do NOT have a current License you must contact Labor and Industries at 764-6900 to acquire one.
6. Date of vehicles last L&I Inspection? _____ Is the L & I Sticker posted and current? _____
 - If no, contact L & I for an inspection (509)764-6921 prior to submitting the application.

7. Please **attach copies** of MSDS sheets for any chemicals to be stored onsite that exceed 5 gallons.
8. Per O.M.C. 4.04.95 if your application is for a mobile or stationary vendor **attach a copy** of your current Adams County Health Dept. Permit.
 - If you do not have one, please contact Adams County Health Dept. at (509) 488-2031 prior to returning this application
9. What is the maintenance & disposal program for your grease interceptor or oil/water separator system?

**** O.M.C. 12.12.150 Viscous materials not to be discharged. No person shall discharge or cause to be discharged into the public sewer system any flammable or explosive liquid, solid or gas, any garbage not properly shredded, any ashes, cinders, sand, mud, **oil, grease**, straw, shavings, metal, glass, rags, feathers, tar, plastics, wood, or any other solid or viscous substance capable of causing obstruction to the flow in sewers or other interference with the proper operation of the sewage treatment plant; provided, that waste fluids containing minute portions of commercial petroleum oils may be discharged into the public sewer system after the installation of a grease trap inspected and approved by the superintendent. (Ord. 164 § 502, 1955).

10. Do you have a current Adams County Health Dept. Permit to haul wastewater, grease, or septic?
 -If yes, please list approved site (s) _____
 -If no, contact Adams County Health District at (509) 331-2031 prior to returning application.

*** This is mainly for commercial haulers.

11. If you are a Daycare Provider, **submit a copy** of your active WA State DSHS License with this application.
 -If you do NOT have a DSHS License please contact DSHS at (509) 764-5725 to acquire one prior to returning this application.

12. Only, if applicable, **attach a copy** of the PROPERTY owner's consent or lease agreement for occupancy.

13. Have you applied for a Spirits/Beer/Wine License with the Washington State Liquor Control Board?
 No _____ Yes _____ If yes, please **submit a copy** of your current Washington State Liquor License.

14. Will there be: Music, Singing, Dancing or other similar Entertainment? Yes _____ No _____
 - If Yes: Please choose the option of a Cabaret License as per O.M.C. 4.28.010 (3)(e) and also Regular Business option. This city license will be a combination of both with the total of \$575.00 per year.

15. Please list 2 names & phone numbers of people to contact in the event of an emergency.

Name	Phone Number	Name	Phone Number
FEES: -Full year, valid through March 31st	\$80.00	-Clubs, Dine & Dance, Taverns, Pool Halls	\$125.00
- ¾ Year, valid April 1st thru June 30th	\$60.00	etc. selling beer, wine & spirits to be consumed on the premises.	
- Half Year, valid July 1 st thru September 30 th	\$40.00	-Cabaret License, valid through December 31 st	\$450.00
- ¼ Year, valid from Oct. 1 st thru Dec. 31 st	\$20.00	- Per Occurrence	\$50.00

ALL LICENSES ISSUED ARE VALID THROUGH DECEMBER 31ST

FEES: -Solicitor Application Fee \$100 -Parent Company will follow the same prices as listed above

Othello Municipal Code: 4.08.030 Investigation and fee provides for a nonrefundable investigation fee of one hundred dollars shall be paid to the city by each applicant for a solicitor's permit. The fee shall be paid to the city clerk for deposit in the general fund and used to defer the cost of any investigation made of the applicant. If approved, the investigation fee will be considered the fee for the approved permit.

Fingerprinting costs are included in the applicant review fee.

NEW BUSINESS DATA SHEET IN EXISTING BUILDING

(ONLY NEEDED FOR BUSINESS LOCATION ESTABLISHED WITHIN CITY LIMITS)

Primary Use _____

Secondary Use _____

Is Occupancy count posted, if so what is the # _____

What is the % of Revenue generated by the business from: Food _____ % Beverage _____ % Service _____ %

Other _____ % Please explain _____

Number of Employees _____ Office Space Square footage _____

Public area square footage _____ Number of: Tables _____ Chairs _____ Booths _____ for public use

Inside storage space square footage _____

Restrooms: Men's Sq. ft. _____ # of Toilets _____ Urinals _____ Woman's sq. ft. _____ # of Toilets _____

Upstairs, basement, or mezzanine sq. ft. _____ Total Building heated space sq. ft. _____

Describe any non-cosmetic changes proposed for the building space _____

Lot size _____ sq. ft. Building Size _____ ft. Wide _____ ft. Deep _____ ft. Height _____

Number of parking spaces: Surfaced off street _____ Handicap _____ Graveled off right of way _____

Main vehicle access from _____ street, Secondary access from _____ street

Outside storage area sq. ft. _____ Fenced? Yes _____ No _____ Outside fenced storage area sq. ft. _____

Describe any non-cosmetic changes proposed to the exterior/lot area _____

Describe any work within 13ft. of curb _____

Will the business be or does the building have any of the following:

Table with 3 columns: Feature, Yes, No, Unsure. Rows include: Conditioned makeup/ fresh air intake, Kitchen, Serving cooked food, Preparing food, Food prep area, Indirect wastes, On site septic, Grease interceptor, Back flow device, Irrigation system, Water booster pumps, Onsite storm water management, Public sidewalks along curb, Wastewater other than from bathrooms, Fire or smoke alarm system, Fire suppression system in cooking hood, Knox box for fire department key access, Fire sprinklers, Explosive or hazardous materials, Zero set back/firewalls, Built prior to 1960, Built after 1980, Tenant/smoke walls, Freight unloading area, Is the building handicapped accessible, Lighted exit signs, Self-supporting pole sign, Any exit door swing into room, Push/panic hardware on exit doors, Dance floor area, Band/disc jockey/ karaoke activities/mechanical devices, Dancing/singing, Entertainment/music, Adult entertainment, Washington State Liquor License.

I swear to be best of my knowledge the above information to be true and accurate _____

SIGNATURE

DATE

Do NOT submit payment. BUSINESS LICENSES ARE NON-TRANSFERABLE TO OTHER LOCATIONS

Please provide a drawing, include measurements, which shall depict the following:

1. The portion of the property to be occupied by the business, include location of tables & chairs if any.
2. The portion of the property to be used for parking.
3. The location of driveways providing ingress (entrance) and egress (exit) to the property.
4. The location of other existing buildings and structures located on the property.
5. Location of the nearest public and/or employee restroom to be used by the business.

PROPERTY OWNER'S CONSENT

I acknowledge that I am authorizing the property to be used for conducting business, and therefore understand the Othello Municipal Code 4.04.070 Termination or refusal of service for utilities which states:

“The city shall have the power and authority to terminate or deny water and sewer utility service to any property upon a determination by the city administrator that any of the violation contained in Othello Municipal Code Section 12.36.010 have occurred.”

**This means that if the renter or business owner
does **NOT** pay his/her licensing bill, then
the unpaid bill is subject to
the utility service being **SHUT OFF**.**

I, _____ Owner of real property
Property Owner(s) Name(s)

located at _____ Othello, WA
Address of Rental Property

do hereby authorize _____, to operate _____.

BY: _____
Signature

Print name

Property Owner's **Physical** Address

Property Owner's **Mailing** address

Property Owner's Phone Number

Date

FOR OFFICE USE ONLY

Please initial and circle if approved. **If denied, please provide compliance requirements.**

Public Works Director

Approved / Denied by: _____ Date: _____ Comments: _____

Adams County Fire District No. 5

Approved / Denied by: _____ Date: _____ Comments: _____

Othello Police Department

Approved / Denied by: _____ Date: _____ Comments: _____

Community Development Director: Approved / Denied by: _____ Date: _____

City Inspector: Approved / Denied by: _____ Date: _____

Comments: _____

City Clerk's Office

Approved / Denied by: _____ Date: _____ Comments: _____

Additional Comments: _____

Date: _____ Bus. Lic. Fee: _____