



107 W. Ahtanum Road; P.O. Box 3008
 Union Gap, WA 98903
 Phone: 509.248.0432
 Fax: 509.457.9607

www.cityofuniongap.com

BUSINESS LICENSE APPLICATION

Karen Clifton, Director of Finance
 & Administration

*Fill out this form in its entirety;
 incomplete applications will not be
 processed*

This is an APPLICATION ONLY, and NOT a license to conduct business. Please type or print clearly in black ink.
 You must obtain a business license PRIOR to conducting business. **ALL LICENSES EXPIRE ON MARCH 14**

New Application Renewal Update Application Change of Ownership Change of Address Change of Business Name Change of UBI #

SECTION A – Business Information

Business Name:		Corporate Business Name: <input type="checkbox"/> Check if this does not apply	
Business Address (Physical Location):		Address:	
Parcel Number:	City:	State:	Zip:
Mailing Address:		Corporate Mailing Address:	
City:	State:	Zip:	
Email Address:		Corporate Email Address:	
Business Phone #	Business Fax #:	Corporate Phone #:	Corporate Fax #:
Original Opening Date of Business: (UG location)	Type of Business: <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation		
Normal Operating Schedule:	Hours Per Day:	Days Per Week:	Number of Employees: Full-Time: Part-Time: (Including Owner & Management)
Federal ID or SSN:	WA State Sales Tax Number (UBI):	Does Your Business Collect Sales Tax?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Description of Business, Principal Products & Services: (Please be specific) :

FIREARM SALES:

Not Applicable New Firearms Used Firearms (Secondhand Dealer) New & Used Firearms (Secondhand Dealer)

SECTION B – Business Ownership Information

Name of Owner:		Name of Co-Owner or Partner:	
Home Address:		Home Address:	
City:	State:	Zip:	
Mailing Address: <input type="checkbox"/> same as home		Mailing Address: <input type="checkbox"/> same as home	
City:	State:	Zip:	
Email Address:	Home Phone:	Email Address:	Home Phone:
Email Address:		Email Address:	

SECTION C – Emergency Contacts (you must provide two local contacts for the Police & Fire Departments in case of after-hour emergencies)

Contact #1:	Contact #2:
Home Address:	Home Address:
City:	City:
Home Phone:	Cell Phone:
Home Phone:	Cell Phone:

SECTION D – Public Safety (please contact the Fire Department for information regarding requirements)

Do you use / store / discharge flammable or hazmat?	Yes:	No:	KNOX BOX REQUIREMENTS: The Fire Department may require a Knox Box to expedite entry and eliminate property damage in the event of an emergency. You will be contacted if this is required for your business. If you have any questions, please call 509.452.6706.
Does your building / premises have a fire alarm?	Yes:	No:	
Does your building / premises have a fire sprinkler system?	Yes:	No:	
Does your building / premises have a Knox Box?	Yes:	No:	
Does your building / premises have a security alarm?	Yes:	No:	

SECTION E – Community Development (please contact Community Development for information regarding requirements)

Prior Business:	Home Occupation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please describe any planned construction / remodel / improvements / modifications:
Will there be a change of signage? <input type="checkbox"/> Yes <input type="checkbox"/> No		

SECTION F – Public Works (please contact Public Works for information regarding requirements)

This Water Meter Serves:	Homes:	How many?	Buildings:	How many?
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Do you have: (check all that apply)

<input type="checkbox"/> Drip Irrigation System	<input type="checkbox"/> Greenhouse	<input type="checkbox"/> Solar System	<input type="checkbox"/> Underground Sprinkler System
<input type="checkbox"/> Fire Sprinkler	<input type="checkbox"/> Hot Tub	<input type="checkbox"/> Swamp Cooler	<input type="checkbox"/> Utility Sink with Treaded Faucet
<input type="checkbox"/> Ghost Pipes (Unidentified Piping)	<input type="checkbox"/> Jacuzzi	<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Waterbed

Do you use: (check all that apply)

<input type="checkbox"/> Anti-Freeze Flush Kits	<input type="checkbox"/> Darkroom Equipment	<input type="checkbox"/> Insecticide Sprayers; Attached To Garden Hose	<input type="checkbox"/> Portable Dialysis Machine
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DO YOU HAVE:

	Yes	No	Not Sure	N/A
1. A bathtub that fills from the bottom, or does not have an overflow drain & is not air gapped?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. A water softener or any other treatment system connected to your drinking water supply?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. An auxiliary water supply on your premises?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Livestock and use a water trough?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. A facility elevated above your water meter?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. A booster pump, well pump, or any other type of water pump?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Irrigation water from a different source?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. A backflow preventer on your property now? Where?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Any situation that you are aware of that could create a cross connection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Any other water using equipment on your property not mentioned above?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. A creek, river, or spring run near your property? If yes, do you pump or draw water from this source?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Process wastewater other, than bathrooms, discharged into the public wastewater system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Oils, grease or fats discharge into the public sewer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Chemical storage other than household cleaners?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. A State Permit Number? If yes, please list the number:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. A Federal Permit Number? If yes, please list the number:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION G – Signatures

Important - Read and sign below

I (we) the undersigned declare under the penalties of perjury and the denial of a license or revocation of any license granted, that I (we) am (are) the applicant(s) or authorized representative(s) of the business making this application and that the answers have been examined by me (us) and that the information set forth is true, correct and complete. I (we) also understand that I (we) am (are) responsible for notifying the City of Union Gap in writing, of any change in status (including closure), location, or mailing address within thirty (30) days. All licenses are non-transferable. I (we) understand my (our) place of business must comply with all federal, state, and local codes and ordinances. I (we) also understand that the City officials may require additional information as permitted by the Union Gap Municipal Code (UGMC), and I agree to supply the same upon request as part of this application. Each agency may require additional information depending on your type of business, completing this form does not relieve you of any statutory or regulatory requirement relating to your business. I (we) understand that the issuance of this license is conditioned upon compliance at all times with all applicable ordinances, regulations and statutes of the City of Union Gap and the State of Washington. The issuance of this business license does not imply compliance with the Zoning Code and International Fire and Building Codes. I (we) certify that I have read and understand the UGMC 4.04 & 4.24.

Current Business Owner's Signature

Printed Name:

Date

Additional Business Owner's Signature

Printed Name:

Date

Deleted Business Owner's Signature

Printed Name:

Date

Signature of inspecting departments must be obtained before your business license can be issued. Approval is required by the departments listed below:

		Not Approved	Approval Date	Bias	By
<i>Public Works & Community Development</i>	Building / Planning:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Public Works:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<i>Finance & Administration</i>	Clerk:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Finance:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<i>Public Safety</i>	Fire:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Police:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Please return the entire application form, any requested attachments, and payment to the City of Union Gap City Clerk's Office. Validated license will be mailed to you once approved by all required City Departments.

Make checks payable to: City of Union Gap

City Departments Contact Numbers:	
Community Development:	509.575.3638
Finance & Administration:	509.248.0432
Fire Department:	509.452.6706
Police Department:	509.248.0430
Public Works:	509.225.3524
Utility Department:	509.248.0434

For Office Use Only	
Received by: _____	Date: _____
Customer # _____	Receipt #: _____
License #: _____	Fee: _____

Thank you for doing business with the City of Union Gap!

CITY OF UNION GAP

Public Works & Community Development Office
3106 1st Street; P.O. Box 3008; Union Gap, WA 98903
509.225.3524 (Phone) / 509.249.9292 (Fax)
ugpublicworks@cityofuniongap.com

WASTEWATER SURVEY

State and Federal requirements have been placed on our community to accomplish an inventory survey. Please complete all questions by typing, printing with ink, and/or circle the applicable answer so it remains legible.

1. Company Name: _____
2. Division Name: _____
3. Physical address of facility discharging wastewater:
Street: _____
City: Union Gap State: Washington Zip: 98903
4. Mailing address; if different from physical address:
Name: _____
Street (or P.O. Box): _____
City: _____ State: _____ Zip: _____
5. Emergency contact person:
Name: _____
Title: _____
Phone: () Cell: () Fax: ()
6. Standard Industrial Classification number (SIC Code):

Select the SIC Code that best applies to your business. If your business' code is not listed, please log onto ww.osha.gov and find the correct code by searching under SIC Manual.

Automotive Repair Shops	753	Meat & Fish Market	542
Department Store	531	Miscellaneous Services	899
Doctors Offices & Clinics	801	Motor Vehicle Dealer	551
Eating or Drinking Establishments	581	Non-Classifiable Establishments	999
Family Clothing Store	565	Paint & Glass Store	523
Gasoline Station	554	Pharmaceutical (Drugs)	283
Grocery Store	541	Plastic Materials	282
Hardware Stores	525	Variety Store	533
Hotels & Motels	701		

7. Brief description of business, principal products and services: _____

8. Number of employees: Full-Time _____ Part-Time _____

9. Normal operating schedule: _____ hours per day _____ days per week.

10. Is the facility presently connected to the public sewer system? Yes No

11. Do you, or will you, discharge process wastewater other than domestic waste from bathrooms, toilets, etc. into the public wastewater system? Yes No

12. Do you, or will you, discharge oils, grease or fats into the public sewer? Yes No

13. Have you been issued a State or Federal Environmental Wastewater Discharge Permit? If "Yes", please provide the permit number(s) and attach copies to this survey. Yes No

State Permit Number: _____ Federal Permit Number: _____

14. Do you, or will you, have chemical storage other than household cleaners? Yes No

15. Could an accidental spill in the manufacturing or storage area lead to a discharge into:
Public Sewer System? Yes No
Storm Drainage System? Yes No

Based on your answers on this questionnaire, you may be asked to provide additional information. If this is the case, you will be notified by the City's Wastewater Division and given a description of the information requested.

As the representative completing this form, the information provided in this survey is to the best of my knowledge true and complete.

Print Name & Title Signature Date