



BUSINESS LICENSE APPLICATION

102 W. Ahtanum Road;
 P.O. Box 3008
 Union Gap, WA. 98903
 Phone: (509) 248-0432
 Fax: (509) 248-6494
www.cityofuniongap.com

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 address
 Change of Business name

SECTION A – Business Information			
Business Name:		Owner/Corporate Business Name:	
Business physical location:		Owner/Corporate physical location:	
Parcel Number:	Owner/Corporate City:	State:	Zip:
Mailing Address:		Owner/Corporate Mailing Address:	
City:	State:	Zip:	City: State: Zip:
Email address:		Corporate Email Address	
Business Phone #	Business Fax #	Corporate Phone #	Corporate Fax #
Type of Business: <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation			
Number of Full time employees _____ Number of Part time employees _____ at the Union Gap location.			
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)			
Will the annual value of products, gross process of sales, or gross income exceed \$2,000.00? <input type="checkbox"/> YES <input type="checkbox"/> NO			

SECTION B – Emergency Contacts			
Name of Contact #1:		Name of Contact #2	
Home Phone:	Cell Phone:	Home Phone:	Cell Phone:

MUNICIPAL CODE 5.04.110 states GARBAGE SERVICE IS REQUIRED FOR BUSINESS PREMISES.
 Please contact the utility billing department at (509) 248-0434 to set up garbage service.

SECTION C – Public Safety (please contact the Fire Department for information regarding requirements)	
Do you use/store/discharge flammable or hazmat? <input type="checkbox"/> Yes <input type="checkbox"/> No	KNOX BOX REQUIREMENT: 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your building/premises have a fire sprinkler system? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your building/premises have a Knox Box? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your building/premises have a security alarm? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION E – Public Works/Community Development (please contact Public Works/Community Development for information regarding requirements)	
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	
Water Meter Serves: Number of Homes _____ Number of Buildings _____	

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 Sprinklers |
| <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)

- Anti-Freeze Flush Kits Darkroom Equipment Insecticide Sprayers Attached to Garden Hose Portable Dialysis Machine

DO YOU HAVE:

- | | Yes | No | Not | 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 form 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 running 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	
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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) 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
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Additional Business Owner's Signature	Printed Name	Date
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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.

City Departments Contac Numbers:	
Community Development:	(509) 575-3638
Finance & Administration	(509) 248-0432
Fire Department	(509) 575-6060
Police Department	(509) 248-0434
Public Works	(509) 225-3524
Utility Department	(509) 248-0434

For office use only	
Received By: _____	Date: _____
Customer # _____	Receipt # _____
License # _____	Fee: _____
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Finance & Administration Review Date _____	
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	

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

CITY OF UNION GAP

Public Works Administration Office
102 W. Ahtanum Road; P.O. Box 3008; Union Gap WA 98903
509.225.3524 (Phone)/509.248.6494 (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 www.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 Establishment	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		

