



NON-PROFIT BUSINESS LICENSE CHANGE / CLOSED FORM

Please complete only sections where changes are applicable.
A SIGNATURE IS REQUIRED

PLEASE RETURN TO:
Business License Officer
1309 Myrtle Ave.
Enumclaw, WA 98022
Phone: (360) 615-5734
Fax: (360) 825-7232
Email:
jppaulson@ci.enumclaw.wa.us

◆ IMPORTANT NOTICE ◆

- ◆ **Changes to general business licenses.** Make changes to your general business license through the Washington State Business License Service. Website: <http://business.wa.gov/BLS> Phone: 1.800.451.7985 Email: BLS@dor.wa.gov
- ◆ **Business Licenses are Non-Transferable.** A complete change of ownership requires issuance of a new business license.
- ◆ **Add an Owner:** If a business owner desires to add an owner, both parties are required to sign this form.
- ◆ **Delete an Owner:** If a business with multiple owners desires to delete an owner, both parties are required to sign this form.
- ◆ **Change to Business Name:** A business license will be issued at no charge in the event of a business name change.
- ◆ **Department Review/Approval/Permits:** Some changes may require departmental review, approval, or permits. You will be notified of any requirements upon review and approval of this Change Form. Do not proceed with any changes until your request is approved.

Contact Name:	Contact Phone:	Current Business Name:			
Effective Date of Change:	Business Closing Date:				
New Business Name:	Old Business Name:				
New Business Address:	Old Business Address:				
New Mailing Address: (if different than Business Address)	Old Mailing Address:				
If you are leasing or renting the building list the Property Owner Information:					
Name: _____ Phone: _____ Cell: _____					
Address: _____					
New Business Phone:	New Business Email:				
New WA State UBI #:	New Website:				
Change in # of Employees:	Full Time:	Part Time:			
Change in Business License Type:	General Business License: <input type="checkbox"/>	Home Occupation License: <input type="checkbox"/>			
Change in Business Type: (Circle)	Sole Proprietor	Corporation	Non-profit	Partnership	LLC
Change in Business Activity: (please describe business activity in detail)					

Add Owner	First Name: _____ Middle Initial: ___ Last Name: _____ Date of Birth: _____ Address: _____ Phone: _____ Add additional page if needed.
Delete Owner	First Name: _____ Middle Initial: ___ Last Name: _____

Change in Emergency Contacts: (you must provide two local contacts for the Police and Fire Departments in case of an emergency)

1. Name: _____	Home Phone: _____
Address: _____	Cell Phone: _____
2. Name: _____	Home Phone: _____
Address: _____	Cell Phone: _____

Does your building/premise have a security alarm?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Does your building/premise have a fire alarm?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Does your building/premise have a fire sprinkler system?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Does your building/premise have a Knox Box?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>

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. An explanation letter is included in our business license packet. Call the Fire Department at 825-5544 if you have questions.

HAZARDOUS MATERIALS/WASTE INFORMATION

Will your business require storing any hazardous material over 55 gallons combined? (If yes, please complete a hazardous materials form.)	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
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BUSINESS OWNER'S SIGNATURE

I hereby certify and declare under penalty of perjury under Washington law that the statements furnished by me on this application are true and complete to the best of my knowledge. I understand that the issuance of this license is conditioned upon compliance at all times with all applicable ordinances, regulations and statues of the City of Enumclaw 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.

_____	_____	_____
Current Business Owner's Signature	Print Name	Date
_____	_____	_____
Additional Business Owner's Signature	Print Name	Date
_____	_____	_____
Deleted Business Owner's Signature	Print Name	Date

City Departments

- Business License Officer.....(360) 615-5734
(Business License Information)
- Fire Department.....(360) 825-5544
(Hazardous Waste, Fire Alarm & Sprinklers, Knox Box)
- Police Department.....(360) 825-3505
(Security Alarm Registration)
- Community Development.....(360) 825-3593
(Building Permits, Signage, Zoning, Parking)
- Finance Department.....(360) 825-3591
(Utility Account Setup)