



City of Burien

400 SW 152nd St, Suite 300, Burien, WA 98166, (206) 241-4647

BUSINESS LICENSE APPLICATION for BUSINESSES OFFERING MASSAGE SERVICES

The Business License is valid from August 1st through July 31st
1st Time License Fees: \$150 - 40+ employees, \$75 - 0-39 employees, \$30 - Home Occupations
Pro-rated fee for licenses from February 1st - July 31st is 50% of annual fee
Renewal Fees: \$175 - 40+ employees, \$90 - 0-39 employees, \$35 - Home Occupations
ALL BUSINESS LICENSE APPLICATION FEES ARE NON-REFUNDABLE

A. Business Information:

Legal Business Name: _____ Unified Business ID (UBI): _____

Doing Business As (if different from Legal Name): _____

Business Address (do not use building name) _____ City _____ State _____ Zip _____

Building Name _____

Number of floors in building: _____ Sq. Footage of tenant space: _____ Location of business in the building: _____

Business Mailing Address (if different from Business Address): _____ City _____ State _____ Zip _____

() _____

Business Telephone Number _____ Business Fax Number _____ Contact Email Address _____

B. Owner Information:

Select Applicable Ownership Structure: Sole Proprietorship Corporation Partnership Limited Liability Company
 Limited Partnership Limited Liability Limited Liability Partnership

Name of Corporation, LLC, Partnership, LLP, or LLLP: _____

Country and State incorporated/formed: _____ Year incorporated/formed _____

List all owners, partners, officers or LLC members (attach additional pages if needed):

1) _____

Name (Last, First, Middle) _____ Social Security Number _____ Date of Birth _____ % Owned _____

Home Address (Street or PO Box) _____ City _____ State _____ Zip _____

() _____

Title _____ Home Telephone Number _____ Email Address _____

Has this Owner previously operated a similar business in the City of Burien: Yes No

If yes, name(s) and addresses of previous business(es): _____

2) _____

Name (Last, First, Middle) _____ Social Security Number _____ Date of Birth _____ % Owned _____

Home Address (Street or PO Box) _____ City _____ State _____ Zip _____

() _____

Title _____ Home Telephone Number _____ Email Address _____

Has this Owner previously operated a similar business in the City of Burien: Yes No

If yes, name(s) and addresses of previous business(es): _____

C. Additional Information:

Nature of Business (describe in detail): _____

Number of Employees : _____
Full time Part Time

If you hold a WA State professional/occupational license indicate the license type and number (a copy of the license must be provided with this application):

_____ _____
Type (contractor, cosmetology, massage, etc.) Number

Starting Date of Operation of This Business in City of Burien: _____

List all management personnel employed by this business:

1) _____

Name (Last, First, Middle)	Social Security Number	Date of Birth	% Owned
_____	_____	_____	_____
Home Address (Street or PO Box)	City	State	Zip
_____	()	_____	_____
Title	Home Telephone Number	Email Address	
_____	_____	_____	
Has this management empoloyee previously managed a smiliar business in the City of Burien:			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, name(s) and addresses of previous business(es): _____			

2) _____

Name (Last, First, Middle)	Social Security Number	Date of Birth	% Owned
_____	_____	_____	_____
Home Address (Street or PO Box)	City	State	Zip
_____	()	_____	_____
Title	Home Telephone Number	Email Address	
_____	_____	_____	
Has this management employee previously managed a smiliar business in the City of Burien:			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, name(s) and addresses of previous business(es): _____			

D. Certification of Applicant:

1. Have **you or any of your employees** been convicted of a crime, or suffered civil judgment or consent decree which bears a direct relationship to the conduct of the business? Yes No Unsure
2. Have **you or any of your employees** violated any law or ordinance relating to the regulation of the business, or any other ordinance of the City of Burien? Yes No Unsure
3. Have **you or any of your employees** been convicted of a crime, or suffered civil judgment or consent decree which bears a direct relationship to the conduct of the business? Yes No Unsure
4. Have **you or any of your employees** previously engaged in unlawful activities while operating a business or in the employ of a business located in the City of Burien? Yes No Unsure

As applicant, I certify or declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. Dated this _____ day of _____, 20_____.

Signed: _____

Printed Name: _____

All information given is subject to verification with the City of Burien, Washington State Patrol, and the State of Washington, Departments of Licensing and Revenue.