



CITY OF OAK HARBOR
 865 SE BARRINGTON DR, OAK HARBOR WA 98277
 Office: (360) 279-4530 | Email: utilities@oakharbor.org | Fax: (360) 279-4530

APPLICATION FOR CITY BUSINESS LICENSE

Business Name DBA Name Mailing Address Email Address Owner name Owner address Emergency name Number of employees	Business Location Business in Residence Yes or No Business Phone UBI number# State Occupation/Contractor License# Ownership Type: sole prop, corp, llc, partnership, non-profit, 501C(3) attach IRS determination letter for 501C(3) tax exempt status Owner phone: Emergency phone
Type of Business: (wholesale) (contractor) (construction) (telecommunication) (financial) (retail) (manufacturing) (real estate) (restaurant) (other _____) Land use zoning _____ Is your use permitted in this zone? Yes/ No Have you applied for occupancy? Yes/ No Do your business activities include products regulated by WA State liquor and cannabis board? Yes/ No Will you be providing entertainment at your place of business? Yes/ No (If answered yes, see OHMC 5.05) Do you store flammable or hazardous materials? Yes/ No	
All license fees are due and payable with this application. General Business Classification 1-\$100, 2- \$50, 3- \$25 -----\$----- Chapter 5.05 Entertainment Establishment Endorsement Type 1 \$25-----\$----- Chapter 5.05 Entertainment Establishment Endorsement Type 2 \$200 + \$22 -----\$----- Chapter 5.10 Adult Entertainment Endorsement \$720 + \$145 + \$145 -----\$----- Chapter 5.15 Pawnbroker Endorsement \$30 -----\$----- Chapter 5.21 Taxicab and For Hire Vehicle Endorsement \$50 + \$25 + \$22 -----\$----- Chapter 5.25 Transportation Network Company Endorsement \$600-----\$----- Chapter 5.29 Mobile Food Vendor Endorsement \$300-----\$----- Chapter 5.35 Horse Drawn Carriages, Carts or Conveyances Endorsement \$50 + \$25 for additional horse-----\$----- <div style="text-align: right;"> Total Due: \$----- Make checks payable to City of Oak Harbor </div>	

I DECLARE UNDER PENALTY OF PERJURY THAT THE INFORMATION AND STATEMENT CERTIFIED HEREIN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I AM AWARE THAT ANY VIOLATION OF THE OAK HARBOR MUNICIPAL CODE WILL TERMINATE THE BUSINESS LICENSE. I AM AWARE THAT MY BUSINESS MUST BE IN COMPLIANCE WITH LOCAL BUILDING, ZONING, AND FIRE CODES AND MY LICENSE APPLICATION MAY BE DENIED OR REVOKED IF I AM FOUND TO NOT BE IN COMPLIANCE. REQUIRED PERMITS MUST BE APPROVED BEFORE THIS BUSINESS LICENSE CAN BE ISSUED.

SIGNED BY _____
 OFFICE/TITLE _____
 DATE _____

THE CITY OF OAK HARBOR SALES TAX LOCATION CODE IS 1503.

AMOUNT PAID \$	DATE ISSUED	BY	SIC#	DATE BUSINESS DISCONTINUED	LICENSE NUMBER
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THIS FORM MUST BE RETURNED