CITY OF Federal Way

TEMPORARY BUSINESS REGISTRATION - $50.00

SECTION A – Business Information – *Please complete all information*

Business Name		DBA		
Physical Location	City	State	Zip	Phone #
Mailing Address		Email:		

SECTION B – Business Ownership – *Attach additional pages if necessary*

❑Sole Proprietor ❑Partnership ❑Corporation ❑Limited Liability ❑Non-Profit ❑Other_____

Company Name (As registered with WA State):		Washington State UBI #	
Name	Title	Driver License #/State:	Birthdate:
Home Address		Telephone Number:	
Name of Emergency Notification/Contact:		Telephone No.:	

SECTION C – Temporary Business Activity – ***Temporary Registrations are granted for a specific period, and are not to exceed 90 days In a calendar year.***

Description of Temporary Business/Activity:		
Dates of Temporary Activity:	Location of Activity:	Hours of Operation:

SECTION D – Signatures – E-SIGNATURE IS NOT ACCEPTED

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 firm making this application and that the answers contained, including any accompanying information have been examined by me (us) and that the information set forth is true, correct, and complete. I also understand that I am responsible for notifying the City Clerk, in writing, of any change in location or mailing address within thirty days. All licenses are nontransferable. I understand my place of business must comply with all federal, state, and local codes and ordinances.

Signature of applicant Title Date

(For office use only)

Date Rec'd:_____ Date Paid:_____ Permit #_____-_____