



City of Arlington – Business License Application
238 N. Olympic Ave, Arlington, WA 98223
(360) 403-3504

Business License Year: July 1 through June 30th ANNUAL LICENSE FEE: \$60.00 (due with completed application)
 Prorated License fees: Oct – Dec \$45; Jan – Mar \$30; Apr – Jun \$75 (Includes \$15 for current & \$60 for coming year)

FOR OFFICIAL USE ONLY

LOCATION: _____	DATE RECEIVED: _____
ZONING CODE: _____	RECEIPT NO: _____
TYPE CODE: _____	LICENSE NO: _____

TO ASSURE PROMPT ISSUING OF A BUSINESS LICENSE, PLEASE ANSWER EVERY QUESTION. ALL INFORMATION IS REQUIRED. ALL PAGES APPLY. DO NOT LEAVE ANY BLANKS. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED AND WILL BE RETURNED TO YOU. REVIEW TIME: 3–5 WEEKS.

Business Name: _____ Business Phone Number: _____

Physical Address: _____

Mailing Address: _____

Bus. Owner(s) Name: _____ : _____

Bus. Owners(s) Phone Number: _____ : _____
(Emergency Number) (Emergency Number)

Manager/Contact Name: _____ Phone Number: _____
(Manager's Emergency Number)

Is business located at your residence? Yes No *If so, please contact the City of Arlington Permit Center at 238 N Olympic Ave., Arlington, WA, 98223 or by calling (360) 403-3551 to make sure your business meets the criteria for a home occupation. Home sq. ft. _____ / _____ % for business.*

of Employees: _____
(including owner)

live in city: _____

live outside city: _____

Business size (sq. ft.): _____

Property lot size: _____
(acre; sq. ft.; dimensions, etc.)

Type of business: _____
Retail, wholesale, office, medical, service, etc

What is sold? _____

% wholesale (if any): _____

Is the business located in a rental unit? (Apt., house, warehouse, etc.) Yes No

Building Owner Name: _____

Address: _____

Phone No.: _____

Description of your business: _____

Washington State- (UBI- Sales and Use Tax ID NO): _____/_____/_____
(required for all businesses)

State Contractors License No: _____
(required for construction & related company)

Professional / Specialty License No: _____
(examples: doctor, dentist, massage therapist, engineer, architect, cosmetologist, daycare, towing etc.)

Health Permit No.: _____
(required for food service)

Liquor License No.: _____
(required for liquor sales/service)

Are there any other permits or licenses required that are not listed on the previous page? If yes, please explain: _____

How many on-site parking spaces are dedicated to this business? _____

Do you now have, or plan to have, amusement devices (games, pull tabs, etc)? Yes No

Do you have any of the following?

Burglar Alarm Yes No Fire Alarm (not smoke detector) Yes No

Sprinkler System Yes No Basement Yes No

Are you planning to remodel the business?* Yes No

Do you intend to make structural alterations or changes to the building or site?* Yes No

**If so, please contact the City of Arlington Permit Center at 238 N. Olympic Ave. Arlington, Washington, 98223 or by calling - (360) 403-3551. Any alterations or modifications require a permit and must be obtained prior to any changes or alterations to the business.*

Do you intend to erect any sign(s)? Yes No *If so, a Sign Permit is required in advance. The permit can be obtained from the Permit Center at 238 N. Olympic Ave, Arlington, Washington, 98223 or by calling (360) 403-3551.*

Do you intend to have indoor/outdoor storage or warehousing in connection with your business? If so, please describe: _____

Does your business involve any assembly of materials? If so, please explain: _____

Does assembly involve the following?

Paint spraying? Yes No Cutting or welding? Yes No

Electrical or chemical processing? Yes No

Are any of the following used or stored at your business location?

Flammable or combustible liquids Yes No Compressed gases Yes No

Toxic substances Yes No Highly combustible solids Yes No

Exotic metals Yes No (Magnesium, Titanium etc.)

Please list any Hazardous Chemicals: _____

To comply with Title III Sara Superfund Federal Regulations, the following must be submitted with your application for review by the Arlington Fire Department:

1. *Material Data Safety Sheets (MSDS) -
2. Tier 1 & 2 Emergency and Hazardous Chemical Inventory.

****Note: If you use chemicals in your business you receive these sheets with them.***

I do hereby certify that I have familiarized myself with the rules and regulations with respect to preparing and filing this application and that the statements and information submitted herewith are in all respects true and correct to the best of my knowledge and belief.

Applicant Name: _____

Signature: _____ Date: _____

Title/Position: _____

PLEASE MAKE SURE YOU COMPLETE THE ATTACHED UTILITY FORMS. YOUR APPLICATION WILL NOT BE PROCESSED WITHOUT THEM.



City of Arlington
Public Works Utilities Division
Water Department ph. 360.403.3526

CROSS CONNECTION SURVEY
 For Business License Applications

FOR OFFICE USE ONLY	
Date Received: _____	Survey reviewed by: _____
Survey accepted by: _____	
Assembly Required: <input type="checkbox"/> No <input type="checkbox"/> Yes DCVA _____ RPBA _____ Inspection _____	

Business Name: _____

Business Site Address: _____

Business Owner: _____

Owner's mailing address: _____

Owner's Phone # _____ Fax # _____

Manager/Contact name: _____

Manager/Contact Address: _____

Manager/Contact Phone # _____ Fax # _____

Type of Business: Home Occupation Commercial Industrial Medical Other

Description of activity to be performed at business site: _____

The Rules and Regulations of the State of Washington Department of Health require that certain premises install backflow prevention assemblies. (WAC 246.290.490). Backflow prevention assemblies shall be installed at any premise where, in the judgement of the City of Arlington Cross Connection Control Specialist, the nature of activities on the premise may present a hazard to the public water system, should a cross connection exist.

City of Arlington Utilities Division Cross Connection Survey

Business Name & Address: _____

Name of person filling out survey (please print): _____

Place a check mark next to all equipment/fixtures listed below that are, or will be, permanently or occasionally connected to water for use at your business.

- | | |
|--|--|
| <input type="checkbox"/> Toilets | <input type="checkbox"/> Radiator Flushing Equipment |
| <input type="checkbox"/> Sinks (kitchen, bathroom, etc.) | <input type="checkbox"/> High Pressure washers w/o chemical injection |
| <input type="checkbox"/> Janitor sink | <input type="checkbox"/> High Pressure washers with chemical injection |
| <input type="checkbox"/> Shampoo Basin | <input type="checkbox"/> Chemical Feeder for Cleaners |
| <input type="checkbox"/> Hose Bib (outside faucet) | <input type="checkbox"/> Dye Vats |
| <input type="checkbox"/> Hot tub | <input type="checkbox"/> Industrial Fluid Systems |
| <input type="checkbox"/> Swimming pool | <input type="checkbox"/> Chlorinators |
| <input type="checkbox"/> Spa / Sauna | <input type="checkbox"/> Computer Cooling Lines |
| <input type="checkbox"/> Dishwashers | <input type="checkbox"/> Brine Tank |
| <input type="checkbox"/> Ice maker | <input type="checkbox"/> Condensate Tanks |
| <input type="checkbox"/> Laundry Machines | <input type="checkbox"/> Cooling Towers |
| <input type="checkbox"/> Air Conditioner | <input type="checkbox"/> Etching Tanks |
| <input type="checkbox"/> Beverage (pop) Machine using CO ₂ | <input type="checkbox"/> Fermenting Tanks |
| <input type="checkbox"/> Coffee Urn, Espresso Machine, etc. | <input type="checkbox"/> Livestock Drinking Tanks |
| <input type="checkbox"/> Water Treatment / Filtration System | <input type="checkbox"/> Make-up Tanks |
| <input type="checkbox"/> Decorative pond / fountain | <input type="checkbox"/> Fertilizer Injection |
| <input type="checkbox"/> Drinking Fountains | <input type="checkbox"/> Intertied (looped) services |
| <input type="checkbox"/> Lawn/Landscape Irrigation w/o chemicals | <input type="checkbox"/> Aspirators, weedicide, herbicide, pesticide |
| <input type="checkbox"/> Lawn/Landscape Irrigation with chemicals | <input type="checkbox"/> Pesticide Applicator Trucks |
| <input type="checkbox"/> Film Processors | <input type="checkbox"/> Pump Prime Lines |
| <input type="checkbox"/> Photo Developing Sinks/Tanks etc. | <input type="checkbox"/> RV dump Station |
| <input type="checkbox"/> Mobile carpet cleaner | <input type="checkbox"/> Sewer Connected Equipment |
| <input type="checkbox"/> Air Washers | <input type="checkbox"/> Sewer Flushing |
| <input type="checkbox"/> Solar heating system | <input type="checkbox"/> Stills |
| <input type="checkbox"/> Heating Exchangers w/o double wall with leak path | <input type="checkbox"/> Sumps |
| <input type="checkbox"/> Heat Pumps | <input type="checkbox"/> Laboratory Equipment |
| <input type="checkbox"/> Heating System using water | <input type="checkbox"/> Bottle washing equipment |
| <input type="checkbox"/> Heating Boilers, commercial | <input type="checkbox"/> Autoclave |
| <input type="checkbox"/> Boiler Feed Lines | <input type="checkbox"/> Autopsy Tables |
| <input type="checkbox"/> Floor Drains | <input type="checkbox"/> Sterilizers |
| <input type="checkbox"/> Kitchen Equipment | <input type="checkbox"/> Bed Pan washers |
| <input type="checkbox"/> Commercial Cooking Kettles | <input type="checkbox"/> Bidets |
| <input type="checkbox"/> Fume Hoods | <input type="checkbox"/> Dialysis Equipment |
| <input type="checkbox"/> Degreasing Equipment | <input type="checkbox"/> Hydrotherapy Baths |
| <input type="checkbox"/> Trap Primers | <input type="checkbox"/> Dental Equipment / Cuspidors |
| <input type="checkbox"/> Used or Gray Water Systems | <input type="checkbox"/> X-Ray Equipment |
| <input type="checkbox"/> Steam Generating Equipment | <input type="checkbox"/> Private Well on property |
| <input type="checkbox"/> Garbage Can washers | |
| <input type="checkbox"/> Fire Sprinkler System w/o chemicals | |
| <input type="checkbox"/> Fire Sprinkler System with chemicals | |
| <input type="checkbox"/> Fire Dept Connection | |
| <input type="checkbox"/> Private Fire Hydrants | |
| <input type="checkbox"/> Aquarium make-up Water | |
| <input type="checkbox"/> Baptismal Fountain | |
| <input type="checkbox"/> Air Compressor | |
| <input type="checkbox"/> Car washing equipment | |

The above information is complete and accurate to the best of my knowledge. I understand that any changes in equipment connected to the domestic water system must be reported immediately to the City of Arlington Utilities Division as a condition of continued service.

Signature

Date

**City Of Arlington
Industrial and Commercial Waste Discharge
Agreement Application Form**

Arlington Municipal Code 13.08.590 states that any and all industrial dischargers will not discharge to the City of Arlington Wastewater System without a negotiated discharge agreement. This application will assist in the permitting process. Please fill out all questions.

FOR OFFICE USE ONLY

Date Received:

Application Reviewed By:

Business I.D.:

Application Accepted By:

FILL OUT ALL SECTIONS OF THIS FORM.

Is your Business On City Sewer ? Yes No Do Not Know

Company Name:

Type of business: (description of activity to be performed at business site)

Mailing Address:

City:

State:

Zip Code:

Business Address:

City:

Phone Number:

Extension:

Fax Number:

Email Address:

Contact person:

Contact Title:

Emergency Phone Number:

FOR QUESTIONS CALL WASTEWATER PRETREATMENT AT 360-403-3526

Will the facility need to be remodeled to accommodate your business?

Yes No

Does your business require an NPDES permit? Yes No

Not sure

Does your business require any other permits or licenses? If yes please list. Yes No If yes

Is this a home based business? Yes No

Is the facility rented or leased? Yes No

If Yes, the owner or leasing agents Name:

Phone number:

Is your business a food based industry? (restaurant, bakery, food packaging, catering etc.) Yes No

Is your business automotive based? (automobile, aviation, small engine repair, motorcycles etc.) Yes No

Is water used in the process of your business? (washing, rinsing, cooling, as an ingredient etc.) Yes No

THE INFORMATION I HAVE GIVEN ON THIS APPLICATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I ALSO UNDERSTAND THAT ANY CHANGES IN THE SEWAGE DISCHARGE FROM THE SITE MUST BE REPORTED TO THE CITY OF ARLINGTON WASTEWATER DEPARTMENT IMMEDIATELY.

Signature of responsible person:

Printed Name:

Title:

Date: