



**CITY OF TENINO**  
**Business License Application**  
**P.O. Box 4019, Tenino, WA 98589**  
 Phone: (360) 264-2368 Fax: (360) 264-5772

Date Received by City: \_\_\_\_\_

**Is this business located in a residential zone and is a Home Business? If yes, you MUST complete a Home Business Application!**

City Issued Permit Tracking No.: \_\_\_\_\_

**NEW BUSINESS:** \_\_\_\_\_ **(\$50.00 / YEAR)**  
**RENEWAL:** \_\_\_\_\_ **(\$40.00 / YEAR)**

State UBI Number: \_\_\_\_\_  
 Contractor/L&I Number (if any): \_\_\_\_\_

Business Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Mailing Address (if different): \_\_\_\_\_  
 Owner: \_\_\_\_\_ Contact Person / Title: \_\_\_\_\_  
 Business Phone: \_\_\_\_\_ Business FAX: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency contact(s) & Phone #: \_\_\_\_\_

***Only businesses physically located in the City of Tenino need to complete the following:***

Describe the nature, type and operation of business: \_\_\_\_\_

Does business require a sign? Yes \_\_\_ No \_\_\_ (If new sign, permit required).

Do any signs currently exist on this property? Yes \_\_\_ No \_\_\_ If yes, provide site plan listing all signs and sizes. See Planning staff to assist.

What is the current building used for? \_\_\_\_\_

What is the proposed building use? \_\_\_\_\_

Will business require building alteration(s)? Yes \_\_\_ No \_\_\_ If yes, building permit required.

A Hazardous Materials form must be completed and submitted with this application per TMC 18D.50.020C

I have read and understand that any changes in the business name, type, ownership, location, building, signage or other conditions of this business may require additional review and inspection(s) prior to approval from the City for a business license renewal. Continued operation of the business under conditions other than those present or disclosed at the time of this application may not be allowed. I further understand that should the City's licensing requirements change, I will be informed of the changes and may be required to adhere to the new regulatory requirements. I agree to adhere to all codes and regulations of the City in the operation of this business.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name / Title \_\_\_\_\_ Day Telephone \_\_\_\_\_

**Space Below For City Use Only**

USE PER TMC 18B.20 \_\_\_\_\_ Land Use Type & Level \_\_\_\_\_

Parcel #: \_\_\_\_\_ Zoning: \_\_\_\_\_ Comp Plan: \_\_\_\_\_

Per TMC 18B.30.110 Nonconformities, this use: \_\_\_ Conforms; \_\_\_ Does not conform; is \_\_\_ Legal Nonconforming

Planning: \_\_\_ Approved \_\_\_ Denied

Name/Title: \_\_\_\_\_ Signature: \_\_\_\_\_

Comments: \_\_\_\_\_ Date: \_\_\_\_\_

Public Works: \_\_\_ Approved \_\_\_ Denied

Name/Title: \_\_\_\_\_ Signature: \_\_\_\_\_

Comments: \_\_\_\_\_ Date: \_\_\_\_\_

Bldg: \_\_\_ Approved \_\_\_ Denied

Name/Title: \_\_\_\_\_ Signature: \_\_\_\_\_

Comments: \_\_\_\_\_ Date: \_\_\_\_\_

Fire: \_\_\_ Approved \_\_\_ Denied

Name/Title: \_\_\_\_\_ Signature: \_\_\_\_\_

Comments: \_\_\_\_\_ Date: \_\_\_\_\_

[ ] Approved [ ] Denied - Clerk/Treasurer Sign: \_\_\_\_\_ Date: \_\_\_\_\_

City Business License #: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Entered in Permit Pack by: \_\_\_\_\_