



CITY OF BELLEVUE APPLICATION FOR OCCUPATIONAL LICENSE

1. Business name: _____
2. Address at which business is located: _____
3. Will business be operated from home: _____ YES _____ NO
4. Business mailing address (if different from above) _____

5. Business Telephone number: _____
6. State Tax Identification Number: _____
7. Type of business entity: _____ Individual
_____ Partnership
_____ Corporation
_____ Other / specify _____
8. Owner(s) of Business: If an individual, give name, date of birth, residence address, home telephone number and social security number; if partnership, give same as above for each partner; if a corporation, give same for President, Vice-President, Secretary, and Treasurer.

NAME	DOB	TITLE	ADDRESS	TELEPHONE	S.S.#

9. List a duly authorized representative of the business who is responsible for operating and managing the business in the City:

Name: _____ DOB _____ S.S. # _____
Title: _____ Residence: _____
Home Telephone #: _____ Night Emergency #: _____
10. Describe in full the operations and activities of the business: _____

11. Date business began or will begin operation in Bellevue: _____

12. Accounting period: _____ calendar year
_____ fiscal year

13. Number of **off-street** parking spaces located at property: _____

14. Number of employees working or expected to be working during license year: _____

15. Have any of the persons listed in Items 7 or 8 above ever had an occupational license or similar business license denied, or revoked or suspended in this City or any other City or State? Yes No
If yes, explain: _____

16. Have any of the persons listed Items 7 or 8 above ever been convicted of a felony, or a misdemeanor for which a jail sentence may be imposed, or any crime which involve moral turpitude, or any other crime which directly relates to a business of the type described in Item 9 above: Yes No
If yes, explain: _____

17. Are hazardous materials or guard dogs, pets or other animals at the premises? If so, specify. Give any other information about the premises, which would be necessary or helpful to emergency personnel responding to a call there: _____

18. Is there any license, permit, degree, certification or similar document which the persons listed in Items 7 or 8 above or any employee of the business must possess as a legal prerequisite in the conduct of or employment in this business: Yes No
If yes, describe: _____

19. Additional information: _____

WARNING: Statements made in this application are subject to verification and false or intentionally misleading statements May be cause for denial of the license applied for or, if a license is granted, revocation thereof upon discovery.

I hereby certify that I am duly authorized to act for the applicant and that the statements contained on this application are true and complete.

Signature

Title

Date

OFFICE USE ONLY (DO NOT WRITE BELOW THIS LINE)

USE GROUP: _____

PERMITTED USE: _____

ZONING DISTRICT: _____

Issuance of a license is:

_____ Approved

_____ Approved conditionally (conditions attached)

_____ Denied (notification to applicant attached)

Zoning Administrator

Date

Building Inspector

Date

Fire Department

Date