

City of Pasco Finance Department 525 N 3rd Ave PO Box 293 Pasco WA 99301 Ph. 509-545-3488 Fax: 509-543-5742

www.pasco-wa.gov

OUT OF CITY BUSINESS LICENSE APPLICATION INSTRUCTIONS

- STEP 1. Obtain your local Business License and any required WA State Licenses.
- STEP 2. List of County/State licensing agencies:

WA State Dept. of Revenue

Master Business License and UBI Number 1657 Fowler St. Richland. 509-987-1201

WA State Contractor's License

WA State Dept. of Labor & Industries 4310 W 24th Ave. Kennewick. 509-735-0100

Daycare License

Dept. of Children & Family Services 112 N Edison St. Kennewick. 509-734-4315 **Food/Beverage Permits**

Benton Franklin Health Dept. 7102 W. Okanogan Pl. Kennewick. 509-460-4200

WA State Liquor License

Liquor Control Board Application at any State Liquor Store Pasco 360-664-1600 **Other State Business Licenses**

Department of Licensing Olympia. 360-664-1400

STEP 3. Complete City Application.

Complete Out of City Business License application and return with required attachments (as noted on application) to Customer Service with appropriate license fee.

STEP 4. City Review Process.

The application will be reviewed by the City and when all requirements are met, Customer Service will issue a Business License.

Upon issuance of the license you may conduct business.

Questions?? Call Customer Service at 545-3488 *KEEP THESE INSTRUCTIONS FOR FUTURE REFERENCE*



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Out of City Business License Application

☐ New Business	☐ Change	of Location	\Box Ch	ange of Ow	nership		
Date of Application _							
1. Business Info	ormation:						
Legal Name							
(Full Name of Legal Owner of	business as registere	ed with Dept of Rev	enue or Corp	oorate Name reg	istered wit	h WA S	ecretary of State)
Trade Name (DBA)_							
Type of Business							
Physical Address				City		_St	_Zip
Mailing Address				City		_St	Zip
Phone	Fax _			Email			
☐ Corporation		☐ Partnersl	nip	☐ Sole-Pr	Proprietor		
UBI#		FEIN #	or SS#				
Contractor's License #				Expiration Date			
2. Business Ow	ner Informa	ation:					
Owner's Name							
Home Address			City _		St	Zi	ρ
Phone	Fax			Email _			
Co-Owner's Name							
Home Address					St	Zi	
Phone							
Emergency Contact _							
Home Address							
Phone							



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3. Required Attachments:

- \$75.00 license fee (\$37.50 if applying after June 30th)
- Copy of your Picture ID.
- Copy of your WA State Master Business License.
- Copy of State Specialty Licenses.
 (Contractor, Daycare, Security, Cosmetology, For Hire, Massage, etc.) (if applicable)
- Copy of State Liquor License (if applicable)
- Copy of Health Dept. Certificate (if applicable)

My Signature below certifies that the information provided on this application and any attachments is true and accurate. I understand my place of business must comply with all City of Pasco codes and ordinances.

Signature	Date