

Town of Steilacoom

1030 Roe Street

Steilacoom WA 98388 (253) 581-1912

Application for Home Occupation Business License



Applicant Name: _____

Name of Business _____

Mailing Address for Business: _____

Physical Location of Business (if different from above): _____

Telephone Number of Business: _____

State UBI #: _____

Describe in detail the goods or services associated with the business: _____

Other County, State or Federal Licenses required for your business (list here and attach copies): _____

Number of employees not residing in the home: _____

Describe any selling, buying or soliciting either door-to-door or from a public street/right-of-way: _____

Describe the materials used in the business and where these materials will be stored: _____

Describe any equipment or appliances used in the business that would not normally be used for household purposes or not customarily found in residences: _____

Will the business involve or include (check any that apply):

1. Medical, dental or veterinary services _____
2. Vehicle and heavy equipment repair, painting, rent, storage or sale _____
3. Rental of storage space for indoor storage _____
4. Outdoor activities, display, or storage related to the home occupation, except plant nurseries _____
5. Adult entertainment _____

Total square footage of area to be used for business purposes: _____

Total square footage of home (including garage): _____

Will alterations of your home be required to accommodate the business? If yes, please describe: _____

Will customers or clients come to your home business? If yes, please describe the frequency: _____

Will delivery of supplies or merchandise be dropped off or picked up at your home? If yes, please describe the type and frequency of delivery: _____

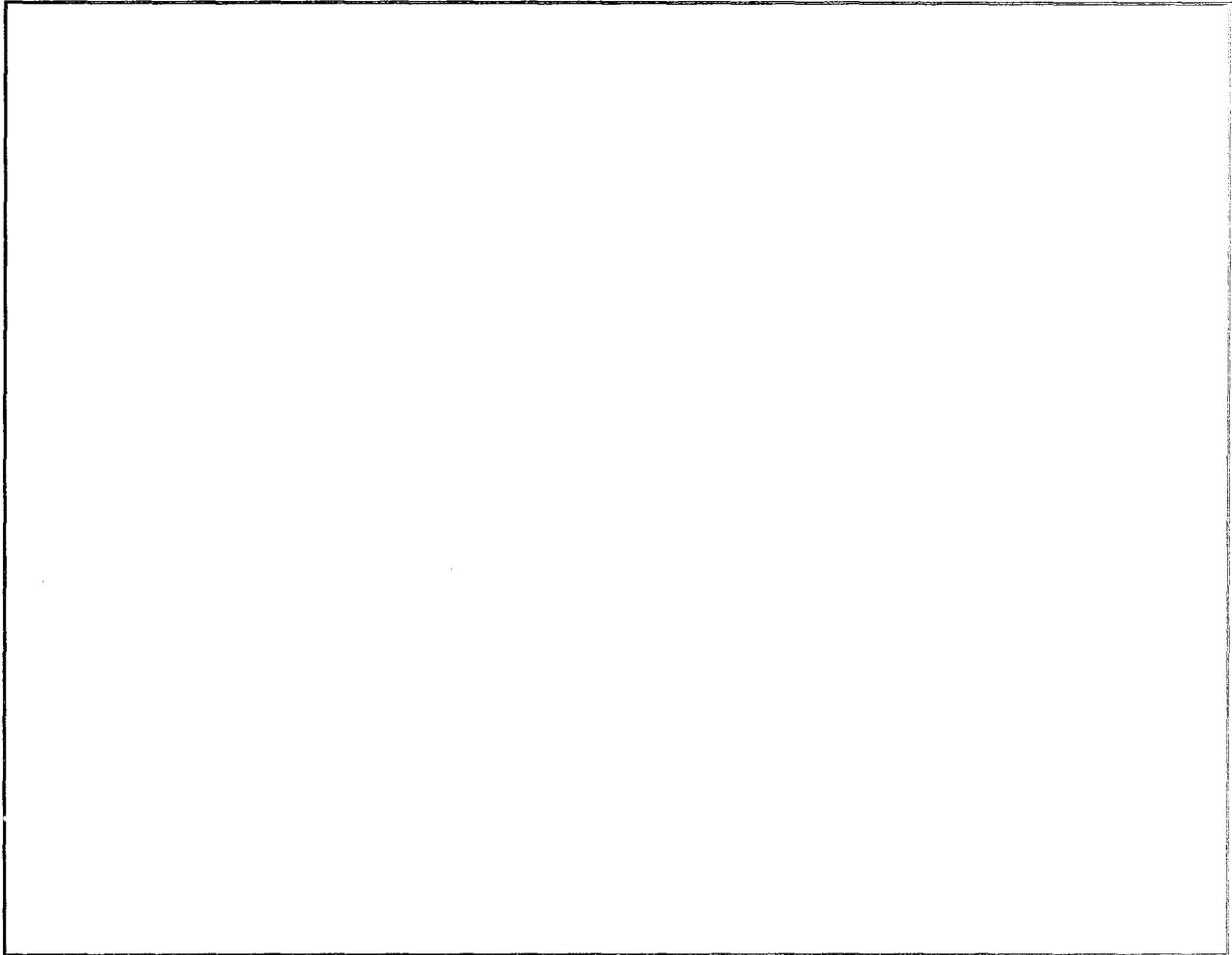
Are you proposing to have a sign? If so, please describe the size of the sign and location: _____

On the next sheet, please provide a sketch of your home's floor plan showing where business activities will occur.

Sketch of Home Floor Plan

Must show:

- ⇒ Where business activities will occur
- ⇒ Where storage of business related materials will occur
- ⇒ Where employee's who do not reside at the home will park
- ⇒ Where customers will park



This application must be accompanied by a signed Certificate of Compliance for either Class I or Class II Home Occupations and the appropriate fee.

I certify or declare under penalty of perjury under the laws of the State of Washington that the information contained in this application is true and correct to the best of my knowledge. I understand that falsification of any information on this application is grounds for immediate denial or revocation of a business license, and may result in prosecution.

Signature: _____ Date: _____

Receipt #: _____ Fee: Class I: \$25
Class II \$50

Please Note: State law requires most job sites to have a first aid kit and at least one employee trained and certified to provide first aid and CPR.

For Town Use Only:	
Type of Home Occupation Business (Circle): Class One	Class Two
Planning: _____	Date: _____
Fire Marshal: _____	Date: _____
Conditions or Reason for Denial: _____	

Inspections required before license is issued (circle): Building, Fire, Other: _____	
