



# BUSINESS LICENSE ADDENDA

Community and Economic Development

City of Arlington • 18204 59th Ave NE • Arlington, WA 98223 • Phone (360) 403-3551

Business Name: \_\_\_\_\_ Business Website: \_\_\_\_\_

Business Owner Name: \_\_\_\_\_ Business Owner Email: \_\_\_\_\_

Is this business located in a residence (*Home Occupation*)?  Yes  No If the answer is **YES**, complete section: **3**

Is the business Manufacturing or Industrial in nature?  Yes  No If the answer is **YES**, complete section: **4**

Are there any building modifications proposed?  Yes  No If the answer is **YES**, complete section: **5**

Are there any Hazardous Materials stored at the location?  Yes  No If the answer is **YES**, complete section: **6**

**Sections 1 and 2 must be completed or your business license will not be approved.**

## SECTION 1 PROPOSED BUSINESS USE

- Business Office/Professional     Commercial/Services     Contractor     Retail     Restaurant
- Automotive - based     Machine Shop     I-502 Producer/Processor     I-502 Retail
- Medical     Other: \_\_\_\_\_

Please provide a detailed description of the business functions:

Number of Employees (*including yourself*)? \_\_\_\_\_ Number of parking stalls dedicated to the business? \_\_\_\_\_

Is this business located inside an existing business?  Yes  No

Square footage of building or residence? \_\_\_\_\_ Square footage of business? \_\_\_\_\_

## SECTION 2 GENERAL INFORMATION

**NOTE:** 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 were, in the judgment 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.

**CROSS CONNECTION** Please select all equipment relating to the business that will be permanently connected to the water supply.

<input type="checkbox"/> Air Washers	<input type="checkbox"/> Cooling Towers	<input type="checkbox"/> Fire Sprinklers	<input type="checkbox"/> Ice Maker	<input type="checkbox"/> Steam Generator
<input type="checkbox"/> Aquarium	<input type="checkbox"/> Degreaser	<input type="checkbox"/> Fountain	<input type="checkbox"/> Laboratory Equip.	<input type="checkbox"/> Swimming Pool
<input type="checkbox"/> Autoclave/Sterilizers	<input type="checkbox"/> Dental Equip.	<input type="checkbox"/> Fume Hoods	<input type="checkbox"/> Lawn Irrigation	<input type="checkbox"/> Well on Property
<input type="checkbox"/> Carbonated Bev.	<input type="checkbox"/> Dialysis Equip.	<input type="checkbox"/> Hot Tub/Spa	<input type="checkbox"/> Pressure Washer	<input type="checkbox"/> X-ray Machine
<input type="checkbox"/> Coffee Urn/Esspresso	<input type="checkbox"/> Dye Vats	<input type="checkbox"/> Hydrotherapy Equip.	<input type="checkbox"/> Sprinklers - dry	<input type="checkbox"/>

1. Does the Building in which your business will be located have a backflow prevention device?  Yes  No  Unknown

If yes, please list the type:

2. Does the onsite Stormwater flow offsite?  Yes  No  Unknown

3. Are there any active wells on the property?  Yes  No  Unknown

4. Does the business have a Stormwater Control Plan?  Yes  No

5. Does the business require an industrial Stormwater permit?  Yes  No  Unknown

If yes, provide Permit No.:

6. Will the business produce waste that requires special handling?  Yes  No

(i.e., used oil, grease, sawdust shavings, cements slurry, etc.)

If yes, please list:

7. Does the plumbing system currently have a grease trap/interceptor?  Yes  No  Unknown

Date grease trap/interceptor was last serviced (provide service record):

8. Does the plumbing system currently have an oil/water separator?  Yes  No  Unknown

Date oil/water separator was last serviced (provide service record):

9. Is water used in the business process (washing, rinsing, cooling)?  Yes  No

10. Does the business require a State Waste Discharge Permit or NPDES permit?  Yes  No

If yes, provide Permit No.:

11. Does the business have a Spill/Hazard Response Plan?  Yes  No

## SECTION 3 HOME OCCUPATION

1. Home Occupations are allowed as an accessory use to the residential use of a single-family, multi-family, or accessory dwelling unit subject to the following requirements as per AMC Chapter 20.44.082 – Home Occupation
2. The proposed Home Occupation shall occupy no more than twenty-five percent (25%) of the total gross floor area or no more than five hundred (500sf) square feet of floor area (whichever is less), including any space in an accessory structure.
3. By initialing each standard below, you are acknowledging that you have read the following and your home occupation complies of the City of Arlington home occupation standards as follows:

\_\_\_\_\_ Is carried on by residents of the dwelling unit and, in addition, involves no more than two other business participants visiting the dwelling unit (or, for properties that contain an accessory dwelling unit, visiting the property) per day. "Other business participants" shall include non-family employees and independent contractors.

\_\_\_\_\_ Has no outside storage.

\_\_\_\_\_ Requires no alteration to the interior or exterior of the dwelling that changes its residential character.

\_\_\_\_\_ Does not involve activities, including but not limited to the use of heavy equipment, power tools, power sources, hazardous materials, or other equipment or materials that result in noise, vibration, smoke, dust, odors, heat, traffic, parking, or other conditions that exceed, in duration or intensity, such conditions normally produced by a residential use.

\_\_\_\_\_ Has, in addition to daily mail service, no more than a combined total of three commercial and courier pickups and deliveries at the dwelling unit (or, for properties that contain an accessory dwelling unit, the property) per day, and no more than ten such pickups and deliveries per week. Said pickups and deliveries shall occur between the hours of 8:00 a.m. and 6:00 p.m.

\_\_\_\_\_ No stock-in-trade or any other material associated with the home occupation shall be visible on the site.

\_\_\_\_\_ Includes no more than six clients/customers per day and no more than two clients/customers at any time visiting the dwelling unit (or, for properties that contain an accessory dwelling unit, visiting the property) for goods or services. A family arriving in a single vehicle shall be considered one client. Client/customer visits to a home occupation shall be between the hours of 8:00 a.m. and 8:00 p.m.

\_\_\_\_\_ Operates no more than one vehicle, van, truck, or similar vehicle. The measurement of vehicle height and length shall include bumpers and any other elements that are required by federal or state law for the operation of the vehicle on public roads; and shall conform to all performance standards as regulated in Part III. Performance Standards, Chapter 20.44 Supplemental Use Regulations.

\_\_\_\_\_ The vehicle shall not exceed any of the following:

- (1) A gross vehicle weight of ten thousand pounds.
- (2) A height of ten feet; and/or
- (3) A length of twenty-four feet.

\_\_\_\_\_ The home occupation will not harm the character of the surrounding neighborhood.

\_\_\_\_\_ The home occupation will not include outdoor storage and/or operation of building materials, machinery, commercial vehicles, or tools, except if it meets the following criteria:

- (1) Is appropriately screened from other properties.
- (2) Does not emit noise, odor, or heat.
- (3) Does not create glare.

\_\_\_\_\_ Does not create a condition which injures or endangers the comfort, repose, health, or safety of persons on abutting properties or street.

\_\_\_\_\_ Will not generate excessive traffic or necessitate excessive parking.

\_\_\_\_\_ Will locate and screen any required or proposed site improvement in a manner that minimizes its view from surrounding properties or adjacent streets.

## SECTION 4 MANUFACTURING OR INDUSTRIAL

What is the lowest wage paid to any employee? \$ \_\_\_\_\_ How many employees are paid that wage? \_\_\_\_\_

Do any employees earn a wage of \$23 per hour or more?  Yes  No If **YES**, how many? \_\_\_\_\_

Will there be storage or warehousing associated with the business: Indoor?  Yes  No Outdoor?  Yes  No  
If **YES**, please describe:

## SECTION 5 BUILDING MODIFICATIONS

**If the answer to any of the following question is "YES" a building permit will be required.**

Is there a proposed addition to the existing structure? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will a new Door be installed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Increase of Roof area? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will exterior windows be changed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Truss or rafter construction? <input type="checkbox"/> Yes <input type="checkbox"/> No	Door in place of window? <input type="checkbox"/> Yes <input type="checkbox"/> No
Install, move, or remove walls? <input type="checkbox"/> Yes <input type="checkbox"/> No	New window Size? <input type="checkbox"/> Yes <input type="checkbox"/> No
Stairs, Ramp or Handrail to be installed, revised, moved, removed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Chimney or Fireplace work? <input type="checkbox"/> Yes <input type="checkbox"/> No
Repair of footings, foundation, footing drains? <input type="checkbox"/> Yes <input type="checkbox"/> No	Deck installation? <input type="checkbox"/> Yes <input type="checkbox"/> No
Installation, removal, relocating or replacement of:	Modification of the electrical system? <input type="checkbox"/> Yes <input type="checkbox"/> No
Plumbing? <input type="checkbox"/> Yes <input type="checkbox"/> No	Finishing an unfinished basement? <input type="checkbox"/> Yes <input type="checkbox"/> No
Mechanical? <input type="checkbox"/> Yes <input type="checkbox"/> No	Spraying or dipping operations? <input type="checkbox"/> Yes <input type="checkbox"/> No
Venting or Piping? <input type="checkbox"/> Yes <input type="checkbox"/> No	Pallet Racking over 8 feet? <input type="checkbox"/> Yes <input type="checkbox"/> No
Installation, removal, relocating or replacement of:	Racking or shelving over 5 feet - 9 inches? <input type="checkbox"/> Yes <input type="checkbox"/> No
Industrial Ovens/Furnace? <input type="checkbox"/> Yes <input type="checkbox"/> No	Installation, removal, relocating or replacement to:
Industrial Refrigeration units? <input type="checkbox"/> Yes <input type="checkbox"/> No	Paving or Parking? <input type="checkbox"/> Yes <input type="checkbox"/> No
Installation, removal, relocating or replacement to:	Signage? <input type="checkbox"/> Yes <input type="checkbox"/> No
Fire Alarm System? <input type="checkbox"/> Yes <input type="checkbox"/> No	Landscaping? <input type="checkbox"/> Yes <input type="checkbox"/> No
Fire Sprinkler System? <input type="checkbox"/> Yes <input type="checkbox"/> No	Stormwater drainage? <input type="checkbox"/> Yes <input type="checkbox"/> No
Hood Systems or Ventilation Fans? <input type="checkbox"/> Yes <input type="checkbox"/> No	Other:

**SECTION 6  
HAZARDOUS MATERIALS**

Flammable or combustible liquids?

Yes  No

Compressed gases

Yes  No

Highly combustible solids?

Yes  No

Toxic substances?

Yes  No

Exotic metals? (*Magnesium, Titanium etc.*)

Yes  No

Other: \_\_\_\_\_

If **YES**, please list:

*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.*

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Signature

Print Name

Date