EVENT BUSINESS PERMIT APPLICATION

City of Covington – Permit Services
16720 SE 271st Street, Suite 100
Covington, WA 98042
(253) 638-1110

FOR OFFICE USE ONLY:

Business License No. _____

Application Date: _____

PLEASE RETURN COMPLETED APPLICATIONS TO PERMIT SERVICES WITH CHECK FOR $175.

Sales Tax Reporting Code for Covington: 1712

This is an APPLICATION ONLY, and NOT a license to conduct business.
Business license applications will be processed in 10-14 business days.
Validated license will be mailed after application approval.

(1) (All business registration/renewal information will be sent to this location.)
Business Name

Local Street Address:

Local PO Box & zip if applicable:

(2) Event Address:

Event Phone:

Registered Agent Name and Address:

(3) Business Phone:

(4) Description of Event:

(5) Local manager (include name & home phone):

(6) Indicate ownership status: ☐ Sole Proprietor ☐ Partnership ☐ Corporation ☐ LLC ☐ Non-profit

(7) Non-profit corporation/association? ☐ No ☐ Yes
(If "Yes", Proof of Non-Profit Status Required)
Operated from a Covington residence? ☐ No ☐ Yes
(If "Yes", Sign Home Occupation Regulations on Reverse Side)

(8) Washington State Dept. of Revenue No.
(UBI number 9 digits):

(9) Any gambling and/or gambling devices on premises?
☐ No ☐Yes
Any amusement devices on premises?
☐ No ☐ Yes
If yes, number of devices:

(10) Is your business use different than previous use of this building/space? ☐ No ☐ Yes
If yes, previous business name and description of use:

(11) Size of site used: _____sq. ft.

(12) Total businesses at event location:

(13) Will there be any use/storage/discharge of flammable, hazardous, or biohazardous materials? ☐ No ☐ Yes
(All applicants must complete Fire Code Business License Information sheet if the business is located inside the City limits)

(14) Are you PRESENTLY doing any:
Construction or remodeling? ☐ No ☐ Yes
Installation of commercial storage racks? ☐ No ☐ Yes
Signage? ☐ No ☐ Yes

If Yes ➔

Appropriate permits MUST be obtained prior to start of construction.

I hereby certify and declare under penalty of perjury under Washington law that the statements furnished by me on this application are true and complete to the best of my knowledge and that I will comply with the provisions of the Covington Municipal Code in doing business in Covington.

Signature_____
Date_____

OFFICE USE ONLY:

1. Planning _____ **Date**_____ **Zoning designation** _____

2. Code Enforcement_____ **Date**_____ **3. Building** _____**Date** _____

4. Fire _____ **Date**_____ **5. Police** _____**Date** _____

6. Transp. Engineer _____ **Date**_____