



Business Registration Application

Application for a business operated at a commercial or industrial location within the City limits of Walla Walla
Application fee: \$45.00 (payment: check-made payable to City of Walla Walla or cash, credit/debit card)

Site Address _____

Name of business: _____

Business UBI#: _____

Property Owner _____ Phone: _____

Business Owner _____

Describe the business: _____

Business Owner Mailing Address (if different) _____

City _____ State _____ Zip _____

Phone _____ E-mail address: _____

Alternate contact name: _____ Phone: _____

Required Documents:

- Floor plan of the proposed business including dimensions, room labeling for use, location of exits/exit signage, dining area seating, etc (see attached sample)
Wastewater Survey questionnaire completed (attached)

Additional Information:

- Will there be any construction/remodel involved in the development of the business? Yes No
Will you be installing signs? If Yes, this requires a separate sign permit. Yes No
Will you be using a sidewalk sign? Yes No
Will you be installing or using existing sidewalk seating? Yes No
Will you be doing any exterior work (painting, sign installation, etc) from the City's right of way? If yes, this work requires a separate right of way permit. Yes No

A site visit and inspection of the business site will be conducted by the Building Official and Fire Prevention officer prior to approval to verify compliance to current building and fire codes.

Signature _____ Date _____

Business owner , AND Property owner Auth Agent

I certify, by my signature, that the information submitted in this application packet is true and accurate. Determination of information to be in error could result in revocation of permit

BUSINESS REGISTRATION APPLICATION INSTRUCTIONS

STEP 1. Complete City Business Registration Application

Complete a City of Walla Walla Business Registration with the applicable fee and any required attachments, as noted on the application form, and return the completed application to the Development Services office at 55 E Moore, Walla Walla, WA 99362 or email our office to contact you (please include phone number)

STEP 2. City Review Process

After receiving a completed application packet, your application will be reviewed by City staff and processed accordingly as to what level of review is required. The City of Walla Walla issues **Business Registrations** to ensure that the business that you are applying to register meets the requirements listed in Municipal Code 20.142. The City of Walla Walla does not issue “business licenses”. **You may open up your business upon issuance of your business registration.**

STEP 3. Contact WA State Dept of Revenue

Master Business License and UBI Tax Number

www.dor.wa.gov 1-800-647-7706 closest office: 1657 Fowler St. Richland 509-734-7526

STEP 4. Contact Other Agencies if needed (partial list):

WA State Contractor’s License

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

www.lni.wa.gov 1-800-547-9411

Daycare License

Dept of Early Learning 112 N Edison St Kennewick 509-736-2812

Food/Beverage Permits

Walla Walla County Health Department 314 W Main St (Rose St Entrance) 524-2650

WA State Liquor License

Liquor Control Board www.liq.wa.gov/contact (360) 664-1600

Other State Business Licenses

Department of Licensing Olympia 360-664-1400

WASTEWATER SURVEY QUESTIONNAIRE

CITY OF WALLA WALLA, WASHINGTON

1. Business Name: _____
Address: _____ Telephone: _____
_____ E-mail: _____

2. Facility Address: _____
If same as above, check
Telephone: _____
If same as above, check

3. Contact Person: _____ Title: _____
Telephone: _____ E-mail: _____

4. Type of Business Please check all that apply to activities at your place of business.

Retail – describe type (to the right): _____

Small Office – describe type (to the right): _____

If you checked either Retail or Small Office for your business type and none of the descriptions below apply to your business, please answer Questions 5 & 6, and skip all other questions.

Please be sure to sign and date this form prior to returning it.

Motels/Hotels/Clubs
Concern is efficiency of kitchen grease traps, frequency of clean out disposal of grease

Laboratory – Pharmacies
Concern is hazardous materials, disposal of chemicals, and potential for spills

Hospitals

Doctor's Clinics

Restaurants
Concern is efficiency of kitchen grease traps, frequency of clean out, disposal of grease

Print & Photo Copy
Concern is hazardous materials, disposal of chemicals, and potential for spills

Garages/Full Service Gas Stations
Concern is flushing of antifreeze contaminated with metals

Paint & Body Shops
Concern is hazardous materials, disposal of chemicals, and potential for spills

Industrial/Commercial Laundries

Other – Describe principal activities or the nature of processes at the facility in the space provided below

Schools/Colleges/Universities
Concern is efficiency of kitchen grease traps, frequency of clean out, disposal of grease

Laboratory – Commercial & Schools/Colleges/Universities
Concern is hazardous materials, disposal of chemicals, and potential for spills

Dental Clinics

Photo Shops
Concern is with silver recovery

Barrel Reclaimers

Arts & Crafts Shops
Concern is with paints & glazes (ceramic & other)

Radiator Shops
Concern is flushing of antifreeze contaminated with metals

Transportation Facilities
Concern is improper disposal of waste oils and inefficient grit traps

Waste Haulers

Winery

WASTEWATER SURVEY QUESTIONNAIRE

CITY OF WALLA WALLA, WASHINGTON

5. Number of Employees: _____
6. Operating Schedule: hrs/day _____ days/week _____
- 7 Standard Industrial Classification code Number(s) and Classification(s), (if known): _____

- 8 Average total monthly water usage in gallons (monthly water billing will usually show this) or estimated daily flow: _____
- 9 Is the building presently hooked to the sewer system? Yes No
- 10 Are there floor drains present at your facility? Yes No
- 11 Do you or will you use non-petroleum fats, oils, or greases (cooking types of oil/grease) in your business? Yes No
- 12 Do you or will you use petroleum oils or greases in your business? Yes No
- 13 Is a grease trap/interceptor present? Yes No
- 14 Is there an oil/water separator present? Yes No
- 15 Do you discharge any hazardous water or wastewater to the sewer? Yes No

Describe any pretreatment facilities or practices used to remove pollutants or protect the sewer:

- 16 Do you or will you store or use chemicals on site in excess of household quantities? Yes No
- 17 Do you or will you have an Accidental Spill Prevention Plan (ASPP) for your business? Yes No

I CERTIFY UNDER PENALTY OF LAW, THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGES AND BELIEF, TRUE, ACCURATE, AND COMPLETE.

I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR WILLFUL VIOLATIONS.

Signature: _____ Date: _____

Print Name: _____ Position: _____

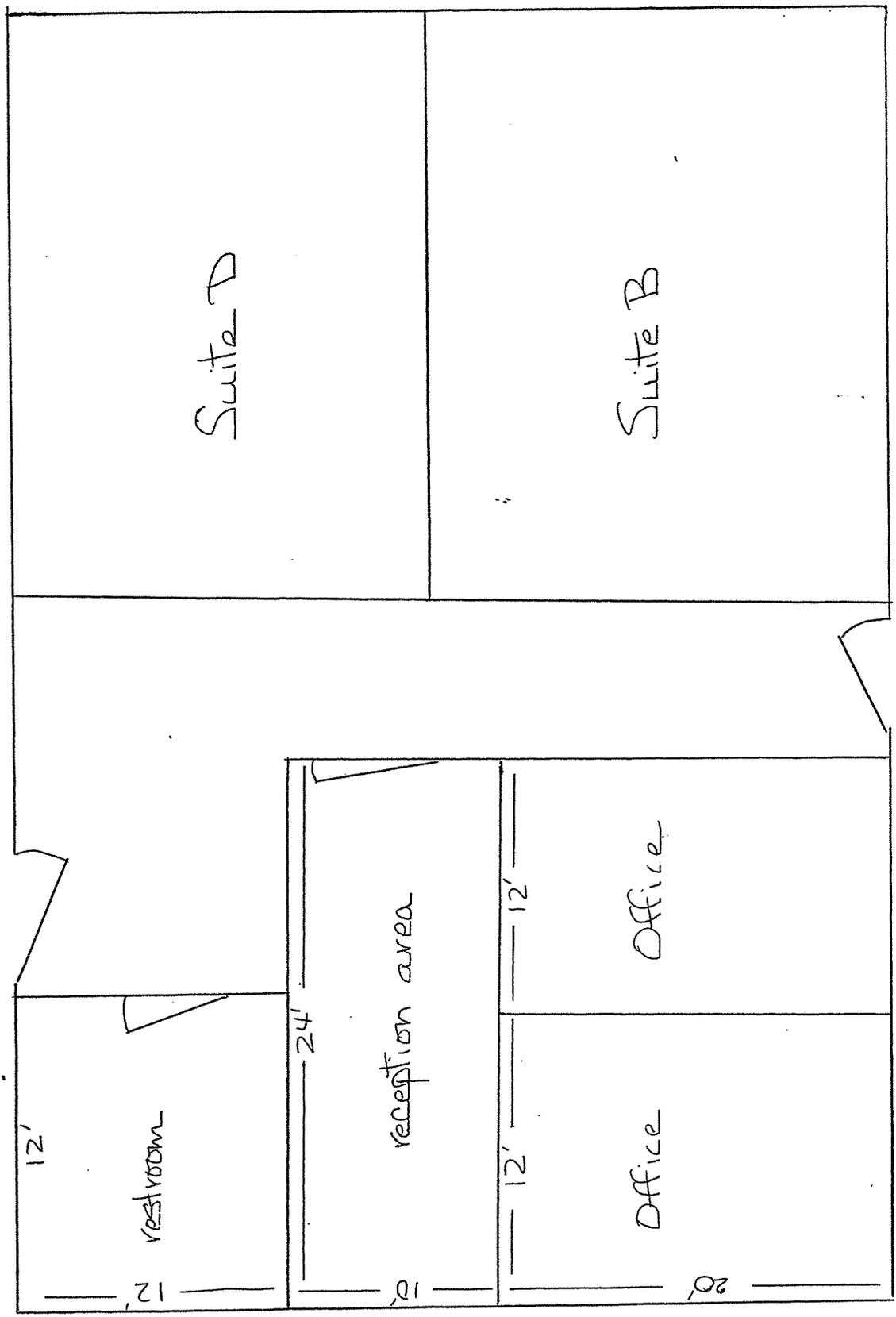
OFFICE USE ONLY

Additional Information required? _____

- Need to schedule site visit or other follow-up? Yes No
- Need to send an Industrial user Permit application? Yes No

Floor Plan Example

alley



Main St



BUSINESS REGISTRATION CHECKLIST

This checklist must be on site for the inspector to sign-off during your registration walk-thru. Please check off the below items as complete.

Business Owner Sign-Off	Inspector Sign-Off
<input type="checkbox"/> Emergency egress lighting	<input type="checkbox"/>
<input type="checkbox"/> Fire Extinguisher 2A 10BC	<input type="checkbox"/>
<input type="checkbox"/> Utilities labeled	<input type="checkbox"/>
<input type="checkbox"/> Signage: "Door to remain unlocked during business hours" if dead bolted	<input type="checkbox"/>
<input type="checkbox"/> Holes in walls and ceiling patched	<input type="checkbox"/>
<input type="checkbox"/> No extension cords. Power strips only.	<input type="checkbox"/>
<input type="checkbox"/> Lever hardware on all doors	<input type="checkbox"/>
<input type="checkbox"/> Clearance from all heat-producing appliances	<input type="checkbox"/>
<input type="checkbox"/> Emergency exit signs	<input type="checkbox"/>
<input type="checkbox"/> No electrical hazards (no open-spliced wires, cover plates in place, etc)	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

During your inspection, there may be other items required by the inspector that are not on this list but specific to your business and location

- Development services will call or e-mail when your business registration is approved for the requested use at this location.
- Once the items above are complete, please contact Development Services at 509.524.4710 to schedule your registration walk-thru.

Signed: _____ **Date:** _____
 (Applicant)

Signed: _____ **Date:** _____
 (Inspector)