



**CITY OF TACOMA**  
**Finance Department / Tax & License Division**

# Annual Business License Application

Year: \_\_\_\_\_

Contract Account # \_\_\_\_\_

FEE \_\_\_\_\_

PENALTY \_\_\_\_\_

TOTAL \_\_\_\_\_

**Gross Receipts:** Total business income shall include all income from business activities both inside and outside the corporate city limits of Tacoma.

**TO DETERMINE YOUR FILING FREQUENCY:**

1a. Do you anticipate your Company's gross receipts to be over \$100,000 annually? YES ☐ NO ☐

**LICENSE FEE THRESHOLD:**

1b. Do you anticipate your Company's gross receipts to be over \$10,000 annually? YES ☐ \*NO ☐

\*If no, no license fee is due and your account will be placed in a non – filing status. See details on back of form.

2. Type of Ownership (legal entity type): Sole Owner ☐ Corporation ☐ Partnership ☐ LLC ☐

3. Name of Owner, Partnership, Corporation or LLC: \_\_\_\_\_

4. Name of Business (DBA): \_\_\_\_\_

5. Business Physical Location: \_\_\_\_\_

Address City State Zip

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

6. Do you own real estate that you rent or lease inside Tacoma? YES ☐ NO ☐

If yes, you must also complete a Supplemental Rental Property Statement.

7. Is this business operated out of your residential property in Tacoma? YES ☐ NO ☐

If yes, a Home Occupation License may be required. Call (253) 591-5252 to verify.

8. Opening date of business in or with Tacoma: \_\_\_\_\_ (See fee information on reverse)

9. List Owner, Partners, Corporate Officers, Registered Agent (if more than two, please attach list):

(A) \_\_\_\_\_ (B) \_\_\_\_\_

Name Name

Title Phone No. Title Phone No.

Address Address

City State Zip City State Zip

10. Describe in detail principal product or service provided: \_\_\_\_\_

The undersigned acknowledges that this business license is governed by the Tacoma Municipal Code and is responsible for becoming familiar with the code and abiding by its requirements.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

City of Tacoma • Finance Department/Tax & License Division • 733 Market Street, Room 21, Tacoma, WA 98402-3770 • (253) 591-5252