

City of Bainbridge Island
2017 BUSINESS LICENSE APPLICATION
NONPROFIT ORGANIZATIONS



- The City of Bainbridge Island Municipal Code requires that all businesses, including nonprofit organizations, have a business license per Ordinance 2013-03.
- All nonprofit organizations must comply with the city municipal code and must have Department of Planning & Community Development approval prior to opening.
- If an organization has more than one location in the city, a separate license shall be obtained and displayed in each location.

Organization Name: _____

Organization Contact Name: _____

Contact Phone: _____ Email: _____

Physical Address: _____

Mailing Address: _____

Proof of Nonprofit Status (State or Federal ID#) **REQUIRED** _____

Go to www.sos.wa.gov/corps/nonprofitinformation.aspx for information on registering a non-profit.

ORGANIZATIONAL STRUCTURE

Corporation LLC Unincorporated Association Trust

DETAILED Description of Product/Service/Activity: _____

Organizations may be subject to city business & occupation taxes if they engage in activities outside of their nonprofit status.

THIS PORTION MUST BE COMPLETED IF THE ORGANIZATION IS
LOCATED ON BAINBRIDGE ISLAND

- Is this a home based business? Yes No
- If yes, how many people are employed at the home other than residents? _____
- Will any construction occur to the structure to accommodate the business? Yes No
- Will any sales be made on the premises? Yes No
- Will you have business equipment outside your house/garage/outbuildings? Yes No
- Will any large or heavy equipment be stored on the premises? Yes No
- Will you need a sign? Yes No
- What is the square footage of the area occupied by your organization? _____
- How many parking spaces do you have? _____

Emergency Contacts

If the organization is located on Bainbridge Island, this portion must be completed.

Name: _____ Phone: _____

Name: _____ Phone: _____

SIGNATURE (ELECTRONIC SIGNATURE PERMITTED)

The undersigned hereby certifies under penalty of perjury, under the laws of the State of Washington, that the information provided on this application is true and correct to the best of his/her knowledge and that this business has obtained all licenses and permits required by the State of Washington and the United States Government.

Print Name: _____ Title: _____

Signature: _____ Date: _____

NOT VALID UNLESS SIGNED

Please send application to:

City of Bainbridge Island
280 Madison Avenue North

Bainbridge Island, WA 98110-1812

Phone: 206-780-8668

Office Hours: Monday – Friday, 8:00 a.m. to 4:00 p.m.

OR EMAIL TO:

FINANCE@BAINBRIDGEWA.GOV

FOR OFFICE USE ONLY

Planning Department: Zoning: _____ Initials: _____ Date: _____

Notes: _____

Building: _____ Initials: _____ Date: _____

Notes: _____

Fire: (As determined required by Building) _____ Initials: _____ Date: _____

Notes: _____

Police Department: Legal Activity: _____ Initials: _____ Date: _____

Notes: _____