



# 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](http://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: \_\_\_\_\_

NOTE: 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: \_\_\_\_\_

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## 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

<b>OR EMAIL TO:</b> <b>FINANCE@BAINBRIDGEWA.GOV</b>
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**For questions, please contact:**  
Phone: 206/780-8668  
Office Hours: Monday – Friday, 8:00 a.m. to 4:00 p.m.

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### 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: \_\_\_\_\_