City of Bainbridge Island
2015 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: ________________________________________________________________