



**CITY OF BREMERTON
TAX & LICENSE DIVISION
345 6TH STREET SUITE 600
BREMERTON WA 98337**

**REGULATORY LICENSE
APPLICATION**

PHONE: 360.473.5311 or 360.473.5298 FAX: 360.473.5200

To be submitted in addition to your Bremerton Business License Application (Except for Temporary Merchants)

Office Use Only

License# _____ Receipt# _____ Fee Codes: _____
Issued: _____ Fee: _____

Please complete all sections in order to avoid delays in processing your application.

Application must be received at least three (3) weeks prior to issuance. All fees are due at time of application. Contact our office for appropriate fee rates.

TYPE OF LICENSE REQUESTED (Check ONE)

- Street Vendor* Charitable Solicitation*** Mobile Vendor Erotic Dance Studio Erotic Dancer
- Temporary Merchant** Professional Fund Raiser*** Peddler Public Dance** Estimated # of Attendees: _____

START DATE OF BUSINESS IN BREMERTON: _____ NAME OF PEDDLER If Applicable: _____

TYPE OF BUSINESS (Check ONE)

- Sole Proprietor Partnership Corporation LLC Other _____

NAME OF BUSINESS: _____

MAILING ADDRESS OF BUSINESS: _____
ADDRESS CITY STATE ZIP

BUSINESS PHONE: _____ FAX: _____

E-MAIL ADDRESS: _____ LICENSE PLATE # (Mobile Vendor Only) : _____

NATURE OF BUSINESS: Provide as much detail as possible below.

List and explain all services to be provided: _____

*IF REQUESTING STREET VENDING LICENSE, PLEASE ATTACH A DRAWING, TO SCALE, OF YOUR EXACT LOCATION IN RELATION TO ABUTTING STREETS AND ADJACENT PROPERTY OWNERS. (Must comply with regulations set forth in BMC Chapter 5.08)

**TEMPORARY MERCHANT OR PUBLIC DANCE PLEASE COMPLETE THE FOLLOWING:

Location of temporary site/ dance _____
Dates and times of operation/ dance _____

***CHARITABLE SOLICITATION AND PROFESSIONAL FUND RAISER PLEASE COMPLETE THE FOLLOWING.

Purpose for solicitation or sale _____
Manner solicitation will be conducted _____
Time when solicitations or sale shall be made _____
Preferred dates of beginning and ending solicitation _____
Estimated cost of solicitation and promotion _____ Estimated total amount to be raised _____
Net proceeds expected for the charitable purpose _____

COMPLETE INFORMATION ON REVERSE SIDE

PLEASE COMPLETE THIS SIDE OF THE FORM FOR EACH OWNER, PARTNER, OFFICER, AND OR AGENT AS NEEDED.

COPY OF CURRENT PICTURE ID REQUIRED

NAME & TITLE

HOME TELEPHONE

RESIDENCE ADDRESS

CITY, STATE, ZIP

Have you ever been convicted, forfeited bail, or pled guilty to any crime, excluding minor traffic offenses.

Yes

No

If yes, state the charge and the nature of the crime, the name and location of the convicting court and the disposition thereof.

IMPORTANT - PLEASE READ AND ACKNOWLEDGE

You May Not Open For Business Prior To The Issuance Of A Bremerton City Regulatory License.

It is your responsibility to follow up on any requirements for issuance of your Regulatory License. If inspections need to be made, you need to contact the appropriate department to schedule the inspection. Inappropriate delays due to noncompliance can result in denial of your application. License fees are non-refundable.

It is your responsibility to become familiar with business license regulations and to keep your license current after it has been issued. Businesses operating on expired licenses are in violation of City code and are subject to both criminal and civil penalties. (See Bremerton Municipal Code 5.02)

It is your responsibility to inform the City of Bremerton of any changes to your business including but not limited to a change of ownership, a change in business type, a change in location, a sale of the business, or a closure of the business. Any change notification should be done in writing and signed by a responsible party. A form is available on our web site at <http://www.ci.bremerton.wa.us>.

Any insurance naming the City of Bremerton as additional insured as required related to the issuance of a Bremerton Regulatory License shall be primary and non-contributory insurance as respects the City and shall contain a waiver of subrogation against the City arising from work performed by or on behalf of the Applicant herein.

A SIGNATURE IS REQUIRED IN ORDER TO PROCESS THE APPLICATION - LICENSE WILL NOT BE ISSUED UNTIL ALL FEES ARE PAID

I do hereby certify to declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. Also, I authorize the City, its agents and employees to seek information and conduct an investigation into the truth of the statements set forth in the application and the qualifications for the license. (Ord.4859 3(in part), 2003; Ord. 4162 1, 1988) By signing this document I am acknowledging that I have read and understand the above statements.

SIGNATURE _____

DATE _____

PLEASE PRINT YOUR NAME _____

TITLE _____