



City Clerk's Office  
500 E. Main Street Othello, WA 99344  
Phone (509) 488-5686 Fax (509) 488-0102  
[www.othellowa.gov](http://www.othellowa.gov)

Bus. Lic. #	_____
BIAS #	_____
Date Rec'd:	_____
Rec'd by:	_____

## Othello City Business License

### BUSINESS INFORMATION

Business Name: \_\_\_\_\_ Phone # \_\_\_\_\_

UBI # \_\_\_\_\_ WA State Contractors License # \_\_\_\_\_

Mailing \_\_\_\_\_

Address: P.O. Box or Street & Number \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Description of Business: \_\_\_\_\_

### BUSINESS OWNER INFORMATION

Business Owner: \_\_\_\_\_ Phone #: \_\_\_\_\_

DOB : \_\_\_\_\_ Driver's License # \_\_\_\_\_

Address: \_\_\_\_\_  
P.O. Box or Street & Number \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

Please list 2 names & phone numbers of people to contact in the event of an emergency.

NAME: \_\_\_\_\_ Phone #: \_\_\_\_\_

NAME: \_\_\_\_\_ Phone #: \_\_\_\_\_

### 1. Please choose the type of business license you are applying for:

Regular Business/Service/Trade

Home Occupations

Contractor

Utility Occupations

Daycare Provider

Mobile/Stationary

Cabaret License

Solicitor

2. Will there be any alterations or changes to the building/home? Yes \_\_\_\_\_ No \_\_\_\_\_  
 -If yes, please provide drawing on attached page #4 and have you applied for building permit? Yes \_\_\_\_\_ No \_\_\_\_\_

3. Will a new sign be needed for this business? Yes \_\_\_\_\_ No \_\_\_\_\_  
 - If yes, have you applied for a sign permit? Yes \_\_\_\_\_ No \_\_\_\_\_

4. Per O.M.C. 4.04.95 if your application is for a mobile or stationary vendor attach a copy of your current Adams County Health Dept. Permit.

- If you do not have one, please contact Adams County Health Dept. at (509) 488-2031 prior to returning this application

5. What is the maintenance & disposal program for your grease interceptor or oil/water separator system?

O.M.C. 12.12.150 Viscous materials not to be discharged. No person shall discharge or cause to be discharged into the public sewer system any flammable or explosive liquid, solid or gas, any garbage not properly shredded, any ashes, cinders, sand, mud, oil, grease, straw, shavings, metal, glass, rags, feathers, tar, plastics, wood, or any other solid or viscous substance capable of causing obstruction to the flow in sewers or other interference with the proper operation of the sewage treatment plant; provided, that waste fluids containing minute portions of commercial petroleum oils may be discharged into the public sewer system after the installation of a grease trap inspected and approved by the superintendent. (Ord. 164 § 502, 1955).

PLEASE INITIAL WHEN READ: \_\_\_\_\_

6. If you are a Daycare Provider, submit a copy of your active WA State DSHS License with this application.

-If you do NOT have a DSHS License please contact DSHS at (509) 764-5725 to acquire one prior to returning this application.

7. Have you applied for a Spirits/Beer/Wine License with the Washington State Liquor Control Board?

No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, please submit a copy of your current Washington State Liquor License.

8. Will there be: Music, Singing, Dancing or other similar Entertainment? Yes \_\_\_\_\_ No \_\_\_\_\_

- If Yes: Please choose the option of a Cabaret License as per O.M.C. 4.28.010 (3)(e) and also Regular Business option. This city license will be a combination of both with the total of \$575.00 per year.

FEES: -Full year, valid through March 31st	\$80.00	-Clubs, Dine & Dance, Taverns, Pool Halls	\$125.00
- ¾ Year, valid April 1st thru June 30th	\$60.00	etc. selling beer, wine & spirits to be consumed on the premises.	
- Half Year, valid July 1 <sup>st</sup> thru September 30 <sup>th</sup>	\$40.00	-Cabaret License, valid through December 31 <sup>s</sup>	\$450.00
- ¼ Year, valid from Oct. 1 <sup>st</sup> thru Dec. 31 <sup>st</sup>	\$20.00	- Per Occurrence	\$50.00

**ALL LICENSES ISSUED ARE VALID THROUGH DECEMBER 31ST**

FEES: -Solicitor Application Fee \$100 -Parent Company will follow the same prices as listed above

**Othello Municipal Code:** 4.08.030 Investigation and fee provides for a nonrefundable investigation fee of one hundred dollars shall be paid to the city by each applicant for a solicitor's permit. The fee shall be paid to the city clerk for deposit in the general fund and used to defer the cost of any investigation made of the applicant. If approved, the investigation fee will be considered the fee for the approved permit.

Fingerprinting costs are included in the applicant review fee.

**BUSINESS LICENSES ARE NON-TRANSFERABLE TO OTHER LOCATIONS**

City Clerk Use			Permit / License #	
Washington State Business License	Yes _____	No _____	Verified	
Washington State L & I Contractor License	Yes _____	No _____	Verified	
Washington State Liquor License	Yes _____	No _____	Verified	
Washington State Vehicle Dealer Permit	Yes _____	No _____	Verified	
Washington State Transient License	Yes _____	No _____	Verified	
Washington State Health Department Permit	Yes _____	No _____	Verified	

**NEW BUSINESS DATA SHEET IN EXISTING BUILDING**  
**(ONLY NEEDED FOR BUSINESS LOCATION ESTABLISHED WITHIN CITY LIMITS)**

Primary Use \_\_\_\_\_  
 Secondary Use \_\_\_\_\_  
 Is Occupancy count posted, if so what is the # \_\_\_\_\_  
 Number of Employees \_\_\_\_\_ Office Space Square footage \_\_\_\_\_  
 Public area square footage \_\_\_\_\_ Number of: Tables \_\_\_\_\_ Chairs \_\_\_\_\_ Booths \_\_\_\_\_ for public use  
 Inside storage space square footage \_\_\_\_\_  
 Restrooms: Men's Sq. ft. \_\_\_\_\_ # of Toilets \_\_\_\_\_ Urinals \_\_\_\_\_ Woman's sq. ft. \_\_\_\_\_ # of Toilets \_\_\_\_\_  
 Upstairs, basement, or mezzanine sq. ft. \_\_\_\_\_ Total Building heated space sq. ft. \_\_\_\_\_  
 Describe any non-cosmetic changes proposed for the building space \_\_\_\_\_  
 Lot size \_\_\_\_\_ sq. ft. Building Size \_\_\_\_\_ ft. Wide \_\_\_\_\_ ft. Deep \_\_\_\_\_ ft. Height \_\_\_\_\_  
 Number of parking spaces: Surfaced off street \_\_\_\_\_ Handicap \_\_\_\_\_ Graveled off right of way \_\_\_\_\_  
**Main vehicle access** from \_\_\_\_\_ street, **Secondary access** from \_\_\_\_\_ street  
**Outside storage area** sq. ft. \_\_\_\_\_ **Fenced?** Yes \_\_\_\_\_ No \_\_\_\_\_ **Outside fenced storage area** sq. ft. \_\_\_\_\_  
 Describe any non-cosmetic changes proposed to the exterior/lot area \_\_\_\_\_

Will the business be or does the building have any of the following:			Inspection	
Conditioned makeup/ fresh air intake	Yes _____	No _____	Verified	
Kitchen	Yes _____	No _____	Verified	
Serving cooked food	Yes _____	No _____	Verified	
Preparing food	Yes _____	No _____	Verified	
Food prep area	Yes _____	No _____	Verified	
Indirect wastes	Yes _____	No _____	Verified	
On site septic	Yes _____	No _____	Verified	
Grease interceptor	Yes _____	No _____	Verified	
Back flow device	Yes _____	No _____	Verified	
Irrigation system	Yes _____	No _____	Verified	
Water booster pumps	Yes _____	No _____	Verified	
Onsite storm water management	Yes _____	No _____	Verified	
Public sidewalks along curb	Yes _____	No _____	Verified	
Wastewater other than from bathrooms	Yes _____	No _____	Verified	
Fire or smoke alarm system	Yes _____	No _____	Verified	
Fire suppression system in cooking hood	Yes _____	No _____	Verified	
Knox box for fire department key access	Yes _____	No _____	Verified	
Fire sprinklers	Yes _____	No _____	Verified	
Explosive or hazardous materials	Yes _____	No _____	Verified	
Zero set back/firewalls	Yes _____	No _____	Verified	
Built prior to 1960	Yes _____	No _____	Verified	
Built after 1980	Yes _____	No _____	Verified	
Tenant/smoke walls	Yes _____	No _____	Verified	
Freight unloading area	Yes _____	No _____	Verified	
Is the building handicapped accessible	Yes _____	No _____	Verified	
Lighted exit signs	Yes _____	No _____	Verified	
Self-supporting pole sign	Yes _____	No _____	Verified	
Any exit door swing into room	Yes _____	No _____	Verified	
Push/panic hardware on exit doors	Yes _____	No _____	Verified	
Dance floor area	Yes _____	No _____	Verified	
Band/disc jockey/ karaoke activities/mech devices	Yes _____	No _____	Verified	

I swear to be best of my knowledge the above information to be true and accurate \_\_\_\_\_  
 SIGNATURE DATE

**Please provide a drawing, include measurements, which shall depict the following:**

1. The portion of the property to be occupied by the business, include location of tables & chairs if any.
2. The portion of the property to be used for parking.
3. The location of driveways providing ingress (entrance) and egress (exit) to the property.
4. The location of other existing buildings and structures located on the property.
5. Location of the nearest public and/or employee restroom to be used by the business.

# PROPERTY OWNER'S CONSENT

I acknowledge that I am authorizing the property to be used for conducting business, and therefore understand the Othello Municipal Code 4.04.070 Termination or refusal of service for utilities which states:

“The city shall have the power and authority to terminate or deny water and sewer utility service to any property upon a determination by the city administrator that any of the violation contained in Othello Municipal Code Section 12.36.010 have occurred.”

**This means that if the renter or business owner  
does **NOT** pay his/her licensing bill, then  
the unpaid bill is subject to  
the utility service being **SHUT OFF**.**

I, \_\_\_\_\_ Owner of real property  
Property Owner(s) Name(s)

located at \_\_\_\_\_ Othello, WA  
Address of Rental Property

do hereby authorize \_\_\_\_\_, to operate \_\_\_\_\_.

BY: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Property Owner's **Physical** Address

\_\_\_\_\_  
Property Owner's **Mailing** address

\_\_\_\_\_  
Property Owner's Phone Number

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

**Please initial and circle if approved. If denied, please provide compliance requirements.**

**Public Works Director:**

Approved / Denied by: \_\_\_\_\_ Date: \_\_\_\_\_ Comments: \_\_\_\_\_

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**Adams County Fire District No. 5:**

Approved / Denied by: \_\_\_\_\_ Date: \_\_\_\_\_ Comments: \_\_\_\_\_

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**Othello Police Department:**

Approved / Denied by: \_\_\_\_\_ Date: \_\_\_\_\_ Comments: \_\_\_\_\_

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**Code Enforcement:**

Approved / Denied by: \_\_\_\_\_ Date: \_\_\_\_\_ Comments: \_\_\_\_\_

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**Community Development Director:**

Approved / Denied by: \_\_\_\_\_ Date: \_\_\_\_\_ Comments: \_\_\_\_\_

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**City Inspector:**

Approved / Denied by: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

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**City Clerk's Office:**

Approved / Denied by: \_\_\_\_\_ Date: \_\_\_\_\_ Comments: \_\_\_\_\_

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

Bus. Lic. Fee: \_\_\_\_\_