



THURSTON COUNTY
WASHINGTON
SINCE 1852

AUDITOR

**BUSINESS LICENSE APPLICATION
FOR UNINCORPORATED THURSTON COUNTY**

Business name:			Physical Address of Business:		
Contact name:			City, State zip:		
Address:			Business phone: ()		
City, State Zip:			Home Occupation: yes___ no___		Total No. of Employees:___
TYPE OF BUSINESS	Circus/Carnival___	Flea Market___	Itinerant___	Junk/Secondhand/Antique___	Hawker/Auctioneer___
	Erotic Dancehall___		Firework Retail Sales___	Peddler___	Massage Parlour/Public Bathhouse___
	Erotic Entertainer/Dancer___	Pet Shop___	Fireworks___	Music Festival___	Parlour/Bathhouse Attendant___
Detailed description of business:					
Type of ownership: Please mark one	Individual:___	Partnership:___	Corporation:___	Non-Profit:___	LLC:___
List Owners, Partners or Officers:	Title:	Residence Address	City	State, zip	Residence phone:
Business located in unincorporated Thurston County: Yes___ No___		Contractor's License Number:		Washington State UBI #	
Do you store flammable or hazardous materials? Yes___ No___ If yes, state type and quantity:			In Emergency Notify:		Phone
			1.		
			2.		
ALL BUSINESS SIGNS IN UNINCORPORATED THURSTON COUNTY MUST BE APPROVED BY THE PLANNING DEPARTMENT					
NOTE: Additional County permits may be necessary before you can commence business. If you change your address, location, or nature of business, or if you are no longer doing business in unincorporated Thurston county, you must notify us immediately.					
FEE MUST BE PAID WITH APPLICATION Make checks payable to Thurston County Auditor			I certify that the above information is correct Signed by_____ Office/Title_____ Date_____		
___ New license FEE:___		___ Other___			
FOR OFFICIAL USE ONLY					
Amount Paid \$	Date Issued	By	Date Business Closed	License Number	
Comments:_____					

ATTENDANT OF MASSAGE PARLOR AND/OR PUBLIC BATHHOUSE LICENSE SUPPLEMENT

Thurston County Code 6.64.080

DEFINITIONS: (includes administrative duties) - SEE TC CODE 6.64.010

EXEMPTIONS: SEE TC CODE 6.64.020

PLEASE NOTE: THIS APPLICATION IS SEPARATE FROM THE MASSAGE PARLOR AND/OR PUBLIC BATHHOUSE LICENSE. EACH PERSON LISTED IN TC CODE 6.64.010 MUST BE LICENSED.

FEES (DUE UPON APPLICATION):

- \$50.00 annual license fee per attendant. Fee is neither refundable nor transferable.

EXPIRATION: September 30th each year

REQUIREMENTS (OF ATTENDANT):

- Completed fingerprint card and photograph from the Thurston County Sheriff's Department (fees may apply)
- Certification of medical fitness from a Washington licensed physician or the Thurston County Health Department (TC Code 6.64.100)
- Driver's License or State Identification Card and copy of Birth Certificate, for verification of identity. (TC Code 6.64.050)

Please contact the following agencies to determine if additional licenses/applications are needed:

- Washington State Department of Licensing – Master Business license
Phone: (360) 664-1400 *Internet:* www.dol.wa.gov
In person: 405 Black Lake BLVD BLDG #2 Olympia, WA
- Thurston County Assessor – (360) 786-5410

Please complete the following – incomplete applications will not be accepted.

Applicant name:

Aliases or other names that have been used:

Home address:

Home phone number:

Age and Date of birth (may not be less than 18 years old):

Driver's License or I.D. Card number:

Length of time resided in Thurston County – if less than five years, previous addresses for the last five years:

Business name and address where you intend to work:

List all present and previous occupations for the last **five** years, including the place of employment:

Have you ever been arrested, charged or convicted of any crime, or forfeited bail to any criminal charge, excluding minor traffic offenses? **YES / NO**

If yes, state the charge, name of the court in which the case was filed, court date(s), circumstances and disposition of the charge:

I, _____, verify that all the data and statements in this application are true and correct, I have read the Thurston County Code 6.64, and will abide by them. (A copy will be furnished upon request)

Signature of Applicant

Date signed

State of Washington
County of Thurston

I certify that I know or have satisfactory evidence that _____ is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument.

Dated: _____

Signature and title

My appointment expires _____

**A THURSTON COUNTY BUSINESS LICENSE APPLICATION MUST
ACCOMPANY THIS SUPPLEMENT**

(Revised 07/29/03)