151 King County Local Services

## Business License Application, Novelty Amusement Devices

The Department of Local Services, Permitting Division (Permitting) provides business licensing services for unincorporated King County. Only a few specific types of businesses require a King County business license. See Types of Business Licenses for a complete listing.

How to apply: Submit this completed application form by email to PermitServices@kingcounty.gov. Your application will be screened, and a confirmation email will be sent to you with online payment instructions.

Incomplete applications will not be accepted.

For staff use only
License Number:

Separate business license applications are required for Shuffleboards and Pool Tables.

| Application Type |  |  |  |
| :---: | :---: | :---: | :---: |
| Amusement Devices: $\$ 100$ per device per year, new applications pro-rated quarterly <br> Total Number of Devices: | New ApplicationRenewal Application |  |  |
| Business Information |  |  |  |
| BUSINESS NAME | DBA NAME |  |  |
| BUSINESS ADDRESS | CITY | STATE | ZIP CODE |
| BUSINESS MAILING ADDRESS $\square$ Same as above | CITY | STATE | ZIP CODE |
| EMAIL ADDRESS | PHONE NUMBER |  |  |

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## Business License Application, Novelty Amusement Devices, continued

| Business License Applicant |  |  |  |  |  |  |  |
| :--- | :--- | :--- | :--- | :--- | :---: | :---: | :---: |
| FULL NAME | PHONE NUMBER | EMAIL ADDRESS |  |  |  |  |  |
| MAILING ADDRESS |  | CITY | STATE | ZIP CODE |  |  |  |
| DATE OF BIRTH |  |  |  |  |  |  |  |

Select one: 〇sole Ownership (Applicant listed above) 〇Partnership Corporation

## Other Owner, Partner or Officer Information

| FULL NAME | TITLE |
| :--- | :--- | :--- |
| DATE OF BIRTH | PLACE OF BIRTH |


| FULL NAME | TITLE |
| :--- | :--- | :--- |
| DATE OF BIRTH | PLACE OF BIRTH |


| FULL NAME | TITLE |
| :--- | :--- |
| DATE OF BIRTH | PLACE OF BIRTH |


| FULL NAME | TITLE |
| :--- | :--- |
| DATE OF BIRTH | PLACE OF BIRTH |

## Business License Application, Novelty Amusement Devices, continued

## Device Locations

| NAME OF BUSINESS | NUMBER OF DEVICES |  |  |
| :--- | :--- | :--- | :--- |
| ADDRESS | CITY | STATE CODE |  |
| NAME OF BUSINESS | NUMBER OF DEVICES |  |  |
| ADDRESS | CITY | STATE | ZIP CODE |
| NAME OF BUSINESS | NUMBER OF DEVICES |  |  |
| ADDRESS | CITY |  |  |

If necessary, attach a list of additional locations.


[^0]:    Department of Local Services, Permitting Division

