



# **AMBULANCE SERVICE BUSINESS LICENSE APPLICATION INSTRUCTIONS**

## **STEP 1. Contact WA State Dept of Revenue**

Master Business License and UBI Tax Number  
1657 Fowler St. Richland. 509-987-1201

## **STEP 2. Contact Other Agencies if needed (partial list):**

### **WA State Contractor's License**

WA State Dept of Labor & Industries 4310 W 24th Ave. Kennewick. 509-735-0100

### **Daycare License**

Dept of Children & Family Services 112 N Edison St. Kennewick. 509-734-4315

### **Food/Beverage Permits**

Benton Franklin Health Dept 7102 W. Okanogan Pl. Kennewick. 509-460-4200

### **WA State Liquor License**

Liquor Control Board Application at any State Liquor Store Pasco 360-664-1600

### **Other State Business Licenses**

Department of Licensing Olympia. 360-664-1400

## **STEP 3. Complete City Application.**

Complete Business License application and return with required attachments as noted on application to Customer Service.

## **STEP 4. City Review Process.**

The application will be reviewed and business inspected by the City and when all requirements are met Customer Service will issue a Business License. You cannot conduct business until your business license has been issued.

**Upon issuance of the license you may open your business.**

**Questions?? Call Customer Service at 545-3488**

**\*KEEP THESE INSTRUCTIONS FOR FUTURE REFERENCE\***



## Business License Fee Schedule

**OTHER FEES MAY APPLY, PLEASE CALL 545-3488 IF YOU HAVE ANY QUESTIONS.**

**Pay only 1/2 the license fee if applying after June 30th.**

### Base Fees:

In City Commercial location:	\$75.00 for the first 3,000 sq ft
Additional Sq ft:	\$30.00 for each additional 3,000 increment
Liquor Sales (restaurant/tavern):	\$200.00 in place of commercial location base fee + sq ft
Liquor Sales with Dancing	\$350.00 in place of commercial location base fee + sq ft
Bank/ Financial Institution:	\$200.00
Hotels/Motels:	\$75.00 + \$5.00 each unit
Commercial Rentals:	\$75.00 + \$3.00 each unit
Residential/RV Parks:	\$45.00 + \$3.00 per space
Carnival/Circus:	\$275.00 first day + \$125.00 each addt'l day
Theaters:	\$150.00
Pawnshop:	\$250.00
Trucking:	\$75.00 + sq ft fees + \$5.00 each truck
Bowling Alleys:	\$75.00 + \$6.00 each alley
Auction:	\$75.00 for 3 days
Pro Boxing/Wrestling:	\$75.00 per show
Ambulance Service	\$150.00

### Other Fees:

WSP/FBI Criminal History Check	\$34.75
Transfer Fee	\$37.00
Outside Storage/Display area:	\$50.00
Amusement Device 1-5 machines:	\$50.00
6 + machines:	\$100.00



## Ambulance Service Business License Application

Application Date \_\_\_\_\_ ☐ New Business ☐ Change of Location ☐ Change of Ownership

### 1. Business Information:

Legal Name \_\_\_\_\_  
(Full Name of Legal Owner of business as registered with Dept of Revenue or Corporate Name registered with WA Secretary of State)

Business Name \_\_\_\_\_

Type of Business \_\_\_\_\_

Physical Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

☐ Corporation ☐ LLC ☐ Partnership ☐ Sole-Proprietor ☐ Other

UBI# \_\_\_\_\_ FEIN # \_\_\_\_\_

### 2. Business Owner Information:

Owner's Name \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_ Cell \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

Co-Owner's Name \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_ Cell \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

### 3. Additional Info:

After Hours Emergency Contact \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_ Cell \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

Explain all activities that will take place at your business location \_\_\_\_\_



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Number of Employees (including owner)\_\_\_\_\_

Number of ambulance units \_\_\_\_\_ operating in City of Pasco

Number of Certified Emergency Medical Providers \_\_\_\_\_ operating in City of Pasco

Building Size \_\_\_\_\_ sq. ft

Number of Parking Spaces\_\_\_\_\_

Will you have Outside Storage or Display Area ☐Yes ☐No

Will you have Burglar or Fire Alarm ☐Yes ☐No

Will you have a Basement? ☐Yes ☐No

Will you use radioactive, hazardous or flammable materials? ☐Yes ☐No If Yes, Explain  
type and quantity stored \_\_\_\_\_

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#### 4. Required Attachments:

- License fee: \$150.00 – See page 2
- Copy of applicant's Picture ID
- Copy of your WA State Master Business License
- Number of ambulances operating in City of Pasco
- Current State Certification License with Expiration Date for each Ambulance operating in Pasco
- Proof of insurance for each Ambulance operating in Pasco
- State Certification for Emergency Medical Providers
- Fee of \$150.00 per PMC 3.07.010(c)

Application for renewal will be reviewed and if approved a license will be issued by the Finance Department.

**My Signature below certifies that the information provided on this application and any attachments is true and accurate. I understand my place of business must comply with all City of Pasco codes and ordinances.**

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**Signature**

**Date**