



City of Burien Business License Addendum Form

Instructions:

Please fill out the appropriate section that pertains to your business type and send the completed form to BusinessLicense@burienwa.gov after you have applied for the initial license with Washington State Business Licenses System (BLS).

The applicant information section below is required. You do not need to fill out all sections.

If you have any questions, please contact the City of Burien at BusinessLicense@burienwa.gov or (206) 241-4647.

Applicant Information

UBI Number

City Business License Number (if known)

Business Name

Business Owner's Name

Business Address

Email Address

Tax Parcel Number (if known)

Phone Number

Sections

1. [Pawnbrokers](#)
2. [Charitable solicitations](#)
3. [Peddlers/transient sales representatives and ice cream vendors](#)
4. [Massage services](#)



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1. Pawnbrokers

As per BMC 5.10.070 Regulations – Pawnbrokers, if you are applying for a City of Burien business license to conduct business as a Pawnbrokers, please check the box below and send the completed form to businesslicense@Burienwa.gov.

I am conducting a Pawnbroker or similar business in the City of Burien.

I understand that submittal of this addendum application does not authorize operation of the business at the above address until City approval.

Applicant Signature

Date



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2. Charitable solicitations

As per BMC 5.10.080 Regulations – Charitable solicitations, if you are applying for a City of Burien business license to conduct business as charitable solicitations, please fill out this portion of the form. (1) Send this completed form, (2) copy of the 501(c)(3) designation, (3) and a copy of your (applicant) driver’s license and your employee(s) driver’s license to businesslicense@Burienwa.gov. A background check will be conducted for each employee conducting business.

Solicitation Date(s)

Please list employee information

Employee Name	Date of Birth	Vehicle Description(s) (Make, Model, Color)	Vehicle License Plate Number

Please list all arrest and convictions for municipal ordinances, misdemeanors and gross misdemeanors during the past ten years of owner and employees:

Employee Name	Date of issue	Charge	Penalty Assessed

List all other cities, towns and counties where you have obtained a peddlers/transient license within the past five years:

As applicant, I certify or declare under penalty of perjury under the laws of the State of Washington that the information is true and correct. I understand that submittal of this addendum application does not authorize operation of the business at the above address until City approval.

Applicant Signature

Date



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3. Peddlers/transient sales representatives and ice cream vendors

As per BMC 5.10.100 Regulations – Peddlers/transient sales representatives and ice cream vendors; if you are applying for a City of Burien business license to conduct business as a peddlers, transient sales representatives, or ice cream vendor, please fill out this portion of the form. (1) Send this completed form, (2) a copy of your (applicant) driver’s license and your employee(s) driver’s license to businesslicense@Burienwa.gov. Be prepared to **pay the \$100 application fee**. A background check will be conducted for each employee conducting business.

Solicitation Date(s)

Description of goods to be sold

Please list employee information

Employee Name	Date of birth	Vehicle Description(s) (Make, Model, Color)	Vehicle License Plate Number

Please list all arrest and convictions for municipal ordinances, misdemeanors and gross misdemeanors during the past ten years of owner and employees:

Employee Name	Date of issue	Charge	Penalty Assessed

List all other cities, towns and counties where you have obtained a peddlers/transient license within the past five years:

As applicant, I certify or declare under penalty of perjury under the laws of the State of Washington that the information is true and correct. I understand that submittal of this addendum application does not authorize operation of the business at the above address until City approval.

Applicant Signature

Date



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4. Massage Services

If you are applying for a City of Burien business license to conduct business that provide massage services, please fill out this portion of the form. (1) Send this completed form, (2) a copy of your (applicant) driver's license and your employee(s) driver's license to businesslicense@Burienwa.gov. A background check will be conducted for each employee conducting business.

Massage Services Owner(s) Information

List all additional owners, partners, officers or LLC members of the business (attach additional pages if needed)

Name (Last, First, Middle Initial)	Date of Birth	Email	% Owned of Business	Owned similar business elsewhere?

List **all** employees, owners, partners, officers, or LLC members of the business and their WA State professional/occupational license (if applicable). Indicate the license type and number (a copy of the license must be provided with this application). Attach additional pages if needed.

Name (Last, First, Middle Initial)	License Type	License Number

Please list all arrest and convictions for municipal ordinances, misdemeanors and gross misdemeanors during the past ten years of owner and employees:

Name (Last, First, Middle Initial)	Date of issue	Charge	Penalty Assessed



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Massage Services cont'd

Certification of Applicant:

1. Have **you or any of your employees** been convicted of a crime, or suffered civil judgment or consent decree which bears a direct relationship to the conduct of the business?

Yes No Unsure

2. Have **you or any of your employees** violated any law or ordinance relating to the regulation of the business, or any other ordinance of the City of Burien?

Yes No Unsure

Have **you or any of your employees** been convicted of a crime, or suffered civil judgment or consent decree at your previous place of employment? If yes, list the previous employer

Yes No Unsure Previous Employer _____

3. Have **you or any of your employees** previously engaged in unlawful activities while operating a business or in the employ of a business located in the City of Burien?

Yes No Unsure

As applicant, I certify or declare under penalty of perjury under the laws of the State of Washington that the information is true and correct. I understand that submittal of this addendum application does not authorize operation of the business at the above address until City approval. All information given is subject to verification with City of Burien, Washington State Patrol, and the State of Washington, Departments of Licensing and Revenue.

Applicant Signature _____

Date _____