

Business License Supplement

For City Use Only

License Number: _____

Date Stamp

Receipt Number: _____

SITE INFORMATION SUPPLEMENTAL FORM

This supplemental form applies to **all businesses except non-resident (outside) businesses, home occupations, and tenants within Alderwood Mall**. This form must be completed and submitted with your business license application. If you have questions about this form, please contact the Planning Hotline at (425) 670-5410.

GENERAL

1. **Which type of space does the business occupy?**
 Entire Building
 Suite
2. **How many square feet does the business occupy (leased space)?** _____ Sq. Ft.
3. **How many square feet of the use is warehouse space (if applicable)?** _____ Sq. Ft.
4. **Is there a trash enclosure on site?**
 YES
 NO If not, you may be required to provide one. Please call (425) 670-5410 for more information.
5. **How many parking stalls are on the entire business site?**
 Total: _____ Staff may contact you for additional information, if needed.
6. **Does the site share parking with an adjacent property under a City-approved parking plan?**
 YES If yes, what is the address: _____
 NO

PARKING CALCULATION – PLEASE ATTACH ADDITIONAL SHEETS AS NEEDED

You are required to provide information for all suites and/or buildings at the business site. Please contact your property manager, property owner, or leasing agent for this information.

| | | | FOR CITY USE ONLY | |
|-------------------------------|-----|-------------|---------------------|-------|
| Suite | Use | Sq. Ft./Use | Parking Requirement | Total |
| | | | | |
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| | | | | |
| | | | | |
| | | | | |
| Total Required Stalls: | | | | |

I/We certify that the information provided in this supplemental form is true and correct to the best of my/our knowledge. This application does not constitute approval of the business license.

Signature of Applicant: _____ Date: _____

License Number: _____

Receipt Number: _____

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GENERAL

- Which type of space does the business occupy?
 - Entire Building
 - Suite
- How many square feet does the business occupy (leased space)? 15600 Sq. Ft.
- How many square feet of the use is warehouse space (if applicable)? 0 Sq. Ft.
- Is there a trash enclosure on site?
 - YES
 - NO If not, you may be required to provide one. Please call (425) 670-5410 for more information.
- How many parking stalls are on the entire business site?

Total: 50 Staff may contact you for additional information, if needed.
- Does the site share parking with an adjacent property under a City-approved parking plan?
 - YES If yes, what is the address: _____
 - NO

PARKING CALCULATION – PLEASE ATTACH ADDITIONAL SHEETS AS NEEDED

You are required to provide information for **all suites and/or buildings** at the business site. Please contact your property manager, property owner, or leasing agent for this information.

| | | | FOR CITY USE ONLY | |
|-------------------------------|---------------------|-------------|---------------------|-------|
| Suite | Use | Sq. Ft./Use | Parking Requirement | Total |
| A | DRY CLEANING | 700 | | |
| B | MEDICAL OFFICE | 1200 | | |
| C | FURNITURE OFFICE | 3500 | | |
| D | ACCOUNTANT | 15600 | | |
| E | RESTAURANT / TAVERN | 2100 | | |
| | | | | |
| | | | | |
| Total Required Stalls: | | | | |

I/We certify that the information provided in this supplemental form is true and correct to the best of my/our knowledge. This application does not constitute approval of the business license.

Signature of Applicant: SIGN HERE

Date: DATE HERE